PROCEEDINGS

OF THE

EIGHTEENTH ANNUAL CONVENTION

OF THE

American Nurses' Association

HELD AT

THE FIRST CONGREGATIONAL CHURCH

SAN FRANCISCO, CALIFORNIA

June 20-25, 1915

HONORARY MEMBERS

FLORENCE NIGHTINGALE*
MRS. WINTHROP COWDIN
MRS. WILLIAM K. DRAPER
MRS. BEDFORD FENWICK
ANNIE DAMER, R.N.
MRS. BAYARD CUTTING
MRS. WHITELAW REID
MRS. HELEN HARTLEY JENKINS
ISLA STEWART*
MARY E. P. DAVIS, R.N.
LAVINIA L. DOCK, R.N.

*Deceased.

OFFICERS FOR 1915-16

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ANNE W. GOODRICH, R.N., Teachers College, New York City

First Vice-President

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For One Year

MARY C. WHEELER, R.N., 509 Honore Street, Chicago, Ill.
HELEN B. CRISWELL, R.N., San Francisco,Calif.

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STANDING COMMITTEES

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MARGARET A. BEWLEY, R.N.
MRS. ANNETTE ALISON, R.N.
MARGARET M. MCCLURE, R.N.
SARAH F. MARTIN, R.N.
MARGARET MONTGOMERY, R.N.

Program

MARTHA M. RUSSELL, R.N., with power to choose her associates

Arrangements

EMMA L. WALL, R.N.
JOSEPHINE PFISTER, R.N.
NINA G. SINNOTT, R.N.
MARY D. SEDDON, R.N.
EMMA F. ODENDAHL, R.N.

Publication

ANNE W. GOODRICH, R.N.
SOPHIA F. PALMER, R.N.
KATHARINE DEWITT, R.N.

Nominating

ARABELLA R. CREECH, R.N.
ELIZA JOHNSON
MARGARET WILSON, R.N.
SARAH J. GRAHAM, R.N.
CHARLOTTE FORRESTER, R.N.

Relief Fund

LYDIA A. GIBERSON, R.N.
MRS. C. V. TWISS, R.N.
ELIZABETH E. GOLDING, R.N.
MARTHA OAKES, R.N.
KATHARINE DEWITT, R.N.

Revision of By-Laws

SARAH E. SLY, R.N.
MINNIE H. AHRENS, R.N.
AGNES G. DEANS, R.N.

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Mrs. C. V. Twiss, R.N.
Louise Perrin, R.N.
Adelaide M. Walsh, R.N.
S. Gotea Dozier

National Pin

Adelaide M. Walsh, R.N.
Mary E. P. Davis, R.N.
Mrs. George W. Turnbull R.N.

Central Bureau of Legislation and Information

Mary C. Wheeler, R.N., Chairman

National Committee on Red Cross Nursing Service

Jane A. Delano, R.N.
Mabel T. Boardman
Mrs. William K. Draper
Major R. U. Patterson
Dr. T. W. Richards
Dr. William Welch
Mrs. Frederick Tice, R.N.
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Mrs. Whitelaw Reid
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Dora E. Thompson, R.N.
Mrs. Lenah S. Higbee, R.N.
Mary E. Gladwin, R.N.
Julia C. Stimson, R.N.

MEMBERSHIP OF THE AMERICAN NURSES' ASSOCIATION

National Associations	2
State Associations	41
County and City Associations	50
Alumnae Associations	231
Permanent members	201
Charter members	20

Attendance at the Eighteenth Annual Convention

Delegates from National Associations	2
Delegates from State Associations (representing 35 associations)	44
Delegates from County and City Associations	31
Delegates from Alumnae Associations (representing 91 associations)	172
Permanent members	55
Charter members	3
Officers	7
Visitors	347

THE PROCEEDINGS OF THE EIGHTEENTH ANNUAL CONVENTION OF THE AMERICAN NURSES' ASSOCIATION

SAN FRANCISCO, CALIFORNIA, JUNE 20-25, 1915

The eighteenth annual convention of the American Nurses' Association was opened at 2 p.m., Monday, June 21, at the First Congregational Church, San Francisco, California, by the president, Genevieve Cooke, who called the meeting to order with a few words of cordial welcome to California. She explained that the secretary of the Association could not be present and stated that if there were no objection Agnes G. Deans, second vice president, and a former secretary, would act as secretary. As this suggestion was received with enthusiasm, Agnes G. Deans thereupon assumed the duties of secretary and read the roll, to which delegates present responded.

The president then asked for a report from the International Council saying:

We are most fortunate in having with us two delegates who have been sent over from London, England, representing the International Council and I should like to have the members of the International Council who are here come to the platform. We are to have a little report from each: Miss Goodrich, as president; Miss Hulme, from London; Miss Arstredes from Holland; Miss Hunter from Australia; and Miss Kent from England.

MISS GOODRICH: In the absence of Miss Dock, our international secretary, I beg to present the following brief report for the International Council of Nurses. It is not necessary for me to voice our intense regret that we are unable to hold the Congress. Letter after letter has been received from various parts of the world, voicing the disappointment and grief of our members, not only that they cannot be present, but that it should be because of the terrible tragedy that is being enacted on the other side.

From Miss Wright, president of the Canadian National Association of Trained Nurses: I was sorry to learn definitely that the International Council of Nurses would not be able to hold their meeting in San Francisco, although I was sure this would be the case, as this terrible war would make it impossible to have anything like an international meeting. As the executive meeting is to be held the last of May, I feel that it will be impossible to be there. I expect to be in San Francisco in February and will see Miss Cooke and have a talk with her. As to the Canadians going to San Francisco the end of May, as yet I do not know how many will be able to go. We are seriously considering postponing our own national meeting until the fall, or probably later, as I have felt that until this war

is over the National Association should not spend money along any lines except as relief work, and the necessary entertainment and expense that goes with a national meeting should be abandoned if possible.

From Miss Von Lanschot Hubrecht, president of the Dutch nurses: The Dutch Nurses Association *Nosokomos* sends its heartiest greetings and sincerest wishes to the Nurses' Congress assembled at San Francisco, regretting infinitely that the dreadful calamity which has come over Europe and brought so much misery and sorrow even for the neutral countries, prevents any of its members to come over officially in order to represent Holland at the Congress.

Mr. Rimsel, of the United States Legation in Peking, writes as follows: In reply to your letter of November 22 in regard to the forthcoming meeting of the International Council of Nurses and the improbability of the attendance of foreign delegates thereto, I beg to enclose herewith a copy of an informal letter received from the Chinese Ministry of Foreign Affairs with reference to the sending of Miss Chung as the Chinese delegate. In acknowledging receipt of your letter of yesterday in regard to the appointment of Miss Elsie Chung as a delegate to the International Council of Nurses, I am instructed by Minister Sun Pao-Chi to inform you that as it was stated in the council's letter to you in reference to the European war, it seems not feasible to send Miss Chung as a delegate to the Council.

From Miss Anderson, writing on behalf of the Swedish nurses, and Miss Tamm, their president: Miss Therese Tamm has asked me, her nurse, to write to you to explain her long silence in relation to the invitation to the International Congress of Nurses in San Francisco. She has been ill for two years and although she is lately getting better she still cannot leave her bed except for a comparatively short while every day. There is no saying when she will be able to recover, and of course there can be no thought of her traveling anywhere for ever so long. She begs to present through you her gratitude for the kind invitation and to express her regret at not being able to attend to the Congress. You will be sorry to hear that the Sophia Sister, Emy Lindhagen, who was the first president of the Swedish Nurses' Union, died in the Sophia Home after a very painful but bravely borne illness, on the 31st of March. She attended the International Congress of Nurses in Cologne.

We have the pleasure of having with us Miss Hunter, whom Miss Garner writes will represent the Australian nurses. As you will note by the following extract from Miss Garner's letter, the Australian Association has not yet been organized on a basis which will permit of actual representation in our International Congress. We hope, however, that at our next International Congress this difficulty will be overcome. From Miss Garner: I should before now have acknowledged your letter of December 22. It is sad to think that the Congress which you had planned with such thought will be so sadly reduced in scope by the war. But the plans of practically the whole world have been changed by it, and one can only hope that it may not continue very much longer, though I fear there is not much at present to justify that hope. Naturally there will be few, if any, Australian nurses going to the Congress; all who can get away have gone to Europe to work in military hospitals. A very prominent member of our Association, Miss E. L. Hunter, is, however, at present in the States and has kindly acceded to the request of the Council that she should represent the Association at your meeting. Miss Hunter was for some years the matron of the Brisbane Hospital, and was one of those most instrumental in founding the Queensland

Branch of the Association of which she was joint Honorary Secretary until her departure from Australia. I am sorry to say that nothing further has been done in the way of affiliating with the International Council. Our Council approved of affiliation, but owing to the fact that we cannot affiliate as an association, but must form a combined committee consisting of members of our Association and of the Victorian Association, matters are at a standstill. Our council and the council of the Victorian Association approved of an attempt to form such a committee, but distance and the fact that nurses cannot often get away from their work has prevented any such committee from becoming a fact, so we must be content with sending you an unofficial representative, without being actually affiliated. I only returned in November from a six months' holiday to England, so was not here when the abortive attempt to get a federal committee together took place. With best wishes for the success of your meeting.

I know that you will rejoice with me that we have the great privilege of having with us two delegates from England, Misses Hulme and Kent. Miss Kent is the duly accredited delegate of the National Council of Trained Nurses of Great Britain and Ireland to the Triennial Meeting of the International Council. She also represents the *British Journal of Nursing*, the official organ of the National Council of Trained Nurses of Great Britain and Ireland. Miss Hulme and Miss Kent will present reports from England.

At a meeting which was held this morning at which were present our president, Miss Cooke, who is an offical delegate, Miss Palmer, a charter member, Miss Hulme, Miss Kent, Miss Arstredes, Miss Hunter and myself, it was decided that the meeting in 1918 should be held in Denmark, that country being neutral and having extended an invitation, and it seemed an advisable place for our next meeting. The president chosen was Madame Henny Tscherning, who is very well known to our English nurses and also to those who have been in touch with International matters. Miss Breay, the Honorary Treasurer and Miss Dock, Honorary Secretary, were reëlected.

The president called on the representative from the Council of Great Britain and Ireland, Miss Hulme.

Miss Hulme: Sisters, it is with mingled feelings that I stand before you today to bring you the greetings from your sisters in England. We are meeting in this sheltered spot to confirm the sisterhood that makes us one, but the absent ones, the nurses of America, as of England, went where the need is greatest on the fringe of the battle plain. The greeting that I bring you here is as nothing compared to the welcome we give to those who have come over seas to help us in our hour of need and sore distress. A wide gulf separates us from the past, from our last glad reunion. Seas of blood roll between then and now and many landmarks of kindness and goodwill have been uprooted, but through all the blindness, cruelty and passion of war, there still lives the spirit that would heal where others have stricken, that would bind where others have severed, and to that band the great nursing sisterhood has ever belonged. And I am sure I may say that we are all glad to remember that in the past we have met in good fellowship, not only in Buffalo, London and Paris, but also in Berlin and Cologne. Nothing can be more hopeful for the future than the fact that in spite of the present turmoil of the world your great nation has conceived and carried through this wonderful

Festival of Peace; has reared these magnificent buildings to celebrate the triumph, not of man over man but of man over the brute forces of nature. It is like a breath, no, like a great wind of hope lifting the cloud of doubt and dismay that at this moment wraps the world. When the dawn of a new day breaks and when peace and charity are again restored to us, then we trust that the sisterhood of nursing may be one of the bonds that will once again unite the nations of the world. May that day come soon, but now and always, we, the nurses of Great Britain and Ireland, greet you in the bond of sisterhood, the bond that binds nurses o'er all the earth.

Miss Cooke then called on Miss Kent, the second delegate from England, who responded. (Miss Kent's paper was not included with the minutes of the convention.) Miss Arstredes of Holland was then asked to speak.

Miss Arstredes: Although not having communicated lately with the president of the International Congress for Holland, I feel sure to express her ideas in stating the following: Miss Lanschot Hubrecht representing the Dutch Nursing Organization, *Nosokomos*, infinitely regrets not being able, on account of the war, to attend the meeting at San Francisco. It will interest you to hear that conditions in Holland for nurses have these last few years greatly improved, mainly with regard to reducing the hours on duty. In the best hospitals these have been brought back to nine to nine and one-half and twenty-four hours off every week. We are trying to get state registration but so far have not been successful, several authorities not being in favor of it. However, some day we expect this law to be passed. I am glad to be able to take back to my country many interesting methods and ideas I gathered during my short stay here. We are looking forward to the day when the International Congress of Nurses will meet in Holland.

Miss Hunter: The Australian Trained Nurses' Association which was founded in 1899 with a mere handful of nurses, of whom I was one, numbers now in round numbers 4000. This practically includes all the trained nurses of Australia with the exception of those belonging to the affiliated association of Victoria, numbering about another 2000. It has been interesting to note the gradual but steady increase of the Australian Trained Nurses' Association in size, strength, efficiency and power, and I think it speaks well for the organization of this association that it can well and efficiently control hospitals and the training of nurses over such a large area; an area nearly as large as that of the United States. There is one system of training; one standard of efficiency; and one examination. Each state has its own council and as far as possible governs its own affairs, but is responsible to the parent association, which is in New South Wales. The work of the Association in connection with the training of nurses begins before they enter the training school, as they have to satisfy an educational committee in each state as to the standard of their general education, and if they cannot produce a certificate which sufficiently proves that they have attained the required standard they must pass a special educational examination held by the Association. Every training school reports annually to the council of the Association in its own state, a complete record of its pupils, each pupil nurse's career, from the date of her admission to the nursing staff of the hospital. This report includes the number of days she may be absent from duty other than those allowed for rest and

recreation; the number and subjects of lectures given and attended; all examinations held and the results; the daily average number of patients and medical cases in the hospital, etc. When the pupil nurse has completed her term of training, has attended a given proportion of lectures and passed all examinations set by the hospital, and these examinations must include one on invalid cookery, she is eligible to sit for an examination held by the Nurses' Association and if successful in passing, is admitted as a member of that Association. These examinations are held every six months and take place simultaneously in the different examining centers in New South Wales, South Australia, Western Australia, Queensland, Tasmania and Fiji. The examinations include a written, a practical and an oral section. The written papers are all examined by one board of examiners in each state. There are 132 hospitals registered as having training schools under the rules of the Australian Trained Nurses' Association, the terms of training being three, four or five years respectively, according to the size of the hospital. The Association publishes a register of members, giving full details of training and experience; this register is published every second year. A journal is published every month and this and the register are sent to all members of the Association. The annual subscription is half a guinea ($2.50). The Association has reciprocal agreements with Victoria, New Zealand, and the Transvaal, all of which hold uniform examinations similar to ours and admit our members without further examination. We regret that Australia has not yet been able to join the International Council of Nurses, owing to the fact that the Council will only admit Australia as a whole. The Australian Trained Nurses' Association would have joined long ago but the difficulties caused by distance have hitherto prevented any council being formed which would represent both the Australian, and the Victorian Association. Both associations would probably join without any delay if they could do so without the complicated machinery of a joint board. Regarding the war, Australia has sent with her troops, two complete medical units: doctors, nurses, orderlies, dispensers, carpenters, cooks, fully equipped to accommodate 1640 patients. The Australian Voluntary Hospital, maintained by subscriptions from Australians, is also staffed by Australian nurses and doctors, and a very large number of Australian nurses are also in the service of French and English and Belgian hospitals. The government of Australia has undertaken to send another 100 nurses for service with the Imperial Government.

The president then asked for the report of the Board of Directors of the American Nurses' Association.

SECRETARY'S REPORT

(*Read by Miss Deans*)

Meetings of the Board of Directors have been held in St. Louis, April 29, 1914; in New York, January 19, 20, 21 and 22, 1915; and in San Francisco, June 20, 1915; at the St. Louis meeting committees were appointed for the coming year. At the New York meetings, reports were received from committees, arrangements for the California meetings were made, and several conferences were held in regard to the proposed revision of the by-laws. It was the sense of the board that the incorporation should be retained in New York State. At the meeting on January

21, the directors decided to pay the indebtedness of the Association to the Journal Company for journal stock and to take up the notes for the same. The applications of 37 associations were considered and 30 were accepted, as follows: Alumnae associations—Biedler and Sellman, Bradford, Burbank, Burns, Calumet and Hecla, Columbia, Corning, Ensworth, Frankford, Hebrew of Baltimore. Jackson, Kane Summit, Lancaster General, Lutheran of Ft. Wayne, Mary Hitchcock, Mercy of Pittsburgh, Mt. Carmel, Newark German, Speers Memorial, St. Joseph's of Baltimore, Denver, Providence and St. Joseph, St. Louis Mullanphy, St. Luke's of Spokane, Syracuse Women and Children, and Touro Infirmary; County Association, Copper County; State Associations, Arkansas and Montana. At these January meetings conferences were held with the boards of directors of the National League of Nursing Education and the National Organization for Public Health Nursing. At these joint meetings plans for the convention were made. It was decided to change the date of the convention to June 20–26, in order to have it coincide with the dates of the conventions of the American Medical Association and the American Hospital Association. It was also decided to invite these two associations to be the guests of the nursing organizations at an educational meeting to be held in the Greek Theatre, Berkeley. It was decided to abandon the idea of presenting funds for a memorial to Florence Nightingale and to return to the donors the money which had been given toward the expenses of the International Congress which the war had prevented. Resolutions were prepared to be sent to the National Council of Nurses in England expressing appreciation of their protest against the acceptance of amateur and untrained women for army nursing and to our Department of Commerce and Labor, asking that trained nurses be classed with professional people. The resolution sent to the National Council of Nurses in England has received no acknowledgement. The resolution in regard to the classification of trained nurses by our Government was sent first to Secretary Redfield of the Department of Commerce who explained that in the census, nurses are classed as professional people, but that the Immigration Department, to which our resolution referred, is in the Department of Labor. The resolution was then sent to Secretary Wilson of the Department of Labor, who referred it to one of the officials of the Immigration Department, who quoted the present ruling in regard to nurses and gave no hope of a change. The joint boards discussed the question of national headquarters and decided that such headquarters were desirable.

At the directors' meeting, June 20, eleven applications were considered and nine were accepted, as follows: Alumnae Associations—Bethesda, St. Paul, Minn.; Epworth, South Bend, Ind.; German Deaconess, Cincinnati; Providence, Detroit; Muhlenburg, Plainfield, N. J.; Northern Pacific, Brainerd, Minn.; St. Mary's, Minneapolis; County Association—Duval County, Florida; State Association, Utah.

The ruling of the Red Cross that no nurses would be accepted for enrollment who were not members of the American Nurses' Association has given a great impetus to the applications for membership in our Association. During the past year 65 applications have been under consideration and in addition 15 blanks have been sent out which have not yet been returned. Of these 65 applications, 39 have been accepted, making the present membership of the Association as follows: Alumnae Associations, 225; County or City Associations, 50; State Associations, 40; National Associations, 2; Permanent Members, 191; Charter Members, 20; Honorary Members, 7. We have lost during the year, by resig-

nation, 2 alumnae associations and 7 permanent members. One county association has gone out of existence. We have lost 2 permanent members by death, Isabel McIsaac and Annie Rhodes. We have gained 11 permanent members.

(Signed) KATHARINE DEWITT, *Secretary.*

The report of the secretary was approved as read.

The treasurer, Mrs. Twiss, read her report, as follows, explaining first that it covered thirteen months, as last year's convention was held early in April and the fiscal year closes on April 30.

TREASURER'S REPORT

GENERAL FUND

Receipts

Balance April 30, 1914		$3,942.71
Dues, alumnae associations	$3,934.45	
Dues, state associations	520.00	
Dues, city and county associations	605.10	
Dues, permanent members	480.15	
Interest on bank balance	61.49	
500 programs paid for by the National League of Nursing Education	43.32	
500 programs paid for by the National Organization for Public Health Nursing	43.32	
One-third miscellaneous expenses of St. Louis convention by National League of Nursing Education	22.07	
Miscellaneous expenses of St. Louis convention by National Organization for Public Health Nursing	44.11	
One-half rent of Odean Hall by National Organization for Public Health Nursing	52.50	
One-half expense reprints of Dr. Emerson's paper	3.12	
Expressage on figure and horse (Red Cross), St. Louis	3.75	
Returned from Secretary of State	2.40	
Received from Mary M. Riddle, Treasurer of American Journal of Nursing Company	1,549.00	
Loan to Florence Nightingale Committee, returned on account	257.00	
Annette Alison, Secretary International Committee, 1915.	320.00	
Contributions for expenses of International Congress	504.00	$8,445.78
		$12,388.49

Disbursements

Incidental expenses of St. Louis convention	$91.98
Speaker at convention	12.96
Expenses of officers and directors at St. Louis convention	967.35
Rent of Odean Hall for Sunday service	105.00
Stenographer, annual meeting, one-third share	133.33
Extra stenographic service	33.00

Badges	75.20
Reprints of Dr. Emerson's paper	6.25
Programs, 2000, ordered by chairman of program committee	132.25
Programs, 500, ordered in St. Louis	30.75
Printing, stationery, office supplies	316.83
Postage, telegrams and expressage	239.60
Mary C. Wheeler, chairman Central Bureau	124.00
Executive committee	524.82
Office expenses, typewriting, etc., for officers	202.85
Bond for Treasurer	10.00
Typewriter for secretary	62.25
Chairman of by-laws, Sarah E. Sly	68.40
Chairman of re-incorporation, M. Margaret Whitaker	3.92
Chairman of program committee, Martha M. Russell	7.65
Chairman of grouping states, Mary E. Gladwin	2.24
Rent of safe deposit box	5.00
One-third share of publicity man at St. Louis	16.67
Auditing treasurer's books	25.00
Salary of general secretary	650.00
Salary of treasurer	400.00
Flowers sent to Japanese nurses	2.50
Dues to American Association for Study and Prevention of Infant Mortality	5.00
Dues to Society for Study and Prevention of Tuberculosis	5.00
Office furniture for secretary	25.70
International Congress Committee, 1915, Annette Alison, Secretary	450.00
Returned to members and alumnae associations, pledges given for expenses for International Congress	514.00
Loaned Florence Nightingale Memorial Fund Committee	300.00
Secretary of State, information about charter	4.30
Cheque returned for pass book	7.65
Lawyer's fee	169.35
American Journal of Nursing Company to redeem notes for purchase of stock	1,549.00
Dues returned to permanent members and alumnae associations	7.00
Exchange in cheques	11.24
Total disbursements	$7,298.04
Total receipts	$12,388.49
Total disbursements	7,298.04
Balance May 1, 1915	$5,090.45

Assets

Cash on deposit in New Netherlands Bank, General Fund	$5,090.45
Cash on deposit in Farmers Loan & Trust Company, Nurses' Relief Fund	3,852.94
8 bonds, Nurses' Relief Fund, New Netherlands Safe Deposit Vault, par value	8,000.00

2 certificates of stock, Nurses' Relief Fund, New Netherlands Safe Deposit Vault, par value	2,000.00
American Journal of Nursing Stock, New Netherlands Safe Deposit Vault, par value	8,400.00
	$27,343.39

M. Louise Twiss, R.N., *Treasurer.*

Audited and found correct,

Selden R. Hopkins,
Certified Accountant.

The treasurer's report was accepted as read.

Nurses' Relief Fund

Receipts

Balance, April 1, 1914	$3,018.62
Contributions, as reported through the Journal	1,197.50
Calendar Fund	3,997.64
Interest on bank account	78.90
Interest on bonds	352.50
April 30, 1915, Total receipts	$8,645.16

Disbursements

Stationery and printing	$38.40
L. A. Giberson, chairman	21.88
L. A. Giberson, Executive Meeting, January	21.60
Postage	43.18
Calendars, De Lone Ehmling Co., 1915	2,510.76
Expressage on calendars	11.37
Design for calendars	5.00
Bonds	2,015.33
Exchange on cheques	4.70
North Carolina State Association, Benefit number 1	120.00
	$4,792.22
Total receipts	$8,645.16
Disbursements	4,792.22
Balance April 30, 1915	3,852.94
8 Bonds, par value	8,000.00
2 Certificates of stock, par value	2,000.00
	$13,852.94

M. Louise Twiss, R.N., *Treasurer.*

Audited and found correct.
Selden R. Hopkins.
C. P. A.

The report of the Relief Fund was accepted as read.

REPORT OF THE BOARD OF DIRECTORS OF THE AMERICAN JOURNAL OF NURSING COMPANY

By Clara D. Noyes, *President*

I shall not attempt to give more than a brief résumé of the work done by the Journal Company or the editorial staff during the past year. Any form of business, no matter how small, in order to become either a financial or literary success, must have back of it, some individual or group of individuals willing to work for it. The Journal and its affairs is not a small matter. It is really a very important business venture and its board of directors and office staff during these two years of reconstruction, have been taxed to the utmost to secure its establishment upon a sound financial basis. For obvious reasons, we think it best not to read the treasurer's report in a general meeting; any member of the association, however, is privileged to ask the treasurer for such information as she may desire upon this point. It gives me pleasure, however, to inform you that we are entirely free from debt, that we have reduced the capital stock and thereby cancelled the debt of approximately $1600, owed by the American Nurses' Association to the Journal Company. We have also brought the capital stock up to its full amount. We have paid an indebtedness to the printer for excess pages. We have appropriated a larger sum than usual for circularizing, in order to increase our subscription list, and I am sure you will be glad to know that we have found it possible to increase the salary of Miss Palmer, the editor in chief and of Miss DeWitt, assistant editor. After their many years of faithful service, it was a genuine pleasure to find that we had sufficient money in our treasury to enable us to do this. There are many other things that the Journal Board would like to do, but the question is: What are the members of the Association going to do for the Journal. It is theirs, and upon them it must depend for its support. It is said that about 30,000 nurses are members of this Association. How many of them are subscribers? . . . The editorial staff may work, the board of trustees may work, but the individual member must also work, in order to make the Journal a success. We need more than your subscription, we need your moral support, your interest and your literary and news contribution. It will only be through loyal unity of thought and purpose that we can ever hope to make our Journal the real force in our association that it should be.

The report of the president of the Journal Company was accepted as read.

The editor of the Journal was then asked to speak.

Miss Palmer: I have been going across the country since the eighth of May, taking an unusual route, and asking for the privilege of speaking to the pupils in training, especially to the senior classes, with the older graduates present if they saw fit to come. In Chicago we had 450 senior pupils in one room. I have been with them at their banquets and on their trolley rides and I feel very strongly that, with deference to those who have done so much for the Journal, the future of our profession is in the hands of these younger people; and they must be trained properly to assume the responsibilities when they go outside. So it comes back, in this as in everything else, to the superintendent of the training school. If things are as they should be, they will send pupils out from the schools familiar with the work which is before them. Inform them of what their obligations are

and get them to enjoy the JOURNAL while they are in the school; if they do that, they will, I believe, go on subscribing for it when they go outside. I found these young people were tremendously interested in the story of the development of the JOURNAL, in the way we began business and the way it had been brought to its present condition and then in the fact that they will be the owners of it when we older women are gone. It comes to them as something new. Now, if each superintendent would take up this matter with her pupils before they go outside and make them feel that they will have the future JOURNAL in their hands and that they are its owners, that they must support it, that they must contribute to it, I believe we would have a greater JOURNAL in the future than we have had in the past.

REPORT OF THE NOMINATING COMMITTEE

ANNA M. ROTH, *Chairman*

(*Read by Miss Deans*)

Please accept the following report of the work done by the Nominating Committee for the present year:

Nominating blanks mailed were to

National associations	2
State associations	37
City and county associations	50
Alumnae associations	190
Permanent members	185
Charter members	14
Total number	478

Of this number 7 blanks were returned for better addresses, 3 of which were sent to new addresses.

Nominating blanks received from

National associations	1
State associations	23
City and county	13
Alumnae associations	61
Permanent members	74
Charter members	3
Total number of blanks received	175

Of this number there were cast for

President	173 votes	Blank votes	2
First Vice-President	174 votes	Blank votes	1
Second Vice-President	173 votes	Blank votes	2
Secretary	174 votes	Blank votes	1
Treasurer	172 votes	Blank votes	3
Director for 3 years	345 votes	Blank votes	5
Director for 2 years	344 votes	Blank votes	6
Director for 1 year	336 votes	Blank votes	14

There were received by the chairman after January 1, 1915, 18 blanks which were not counted, and after having sent the blanks to the balance of the Nominating Committee, the chairman received 13 blanks, which were not counted; blanks were received as late as April 3. One duplicate blank was received which was not counted, and 1 blank was received from an association which is not eligible.

The count of votes was verified by each member of the Nominating Committee and they declare the highest number of votes to be cast for the following who have consented to allow their names to appear on the ticket:

President—Anne W. Goodrich, New York; Second nomination from the floor.

First Vice President—Adda Eldridge, Illinois; Elizabeth Cocke, Virginia.

Second Vice President—Agnes G. Deans, Michigan; Retta Johnson, Texas.

Secretary—Katharine DeWitt, New York; Mary S. Sims, Pennsylvania.

Treasurer—Mrs. C. V. Twiss, New York; Second nomination from the floor.

Director for three years—Jane A. Delano, District of Columbia; Mary A. Riddle, Massachusetts; Mrs. A. C. Hartridge, Georgia; Mrs. J. E. Roth, Pennsylvania.

Director for two years—Margaret Dunlop, Pennsylvania; Mathild Krueger, Wisconsin; Marietta B. Squire, New Jersey; Ella P. Crandall, New York.

Director for one year—Lydia A. Giberson, Pennsylvania; Mary C. Wheeler, Illinois; Dr. Helen B. Criswell, California; Anna C. Maxwell, New York.

The report was accepted as read.

Nominations from the floor were called for and in response Genevieve Cooke was nominated as a director to serve for three years and Margaret McKinley of St. Louis for director to serve for two years.

The president then appointed as tellers: Margaret Montgomery of Philadelphia, Minnie H. Ahrens of Chicago, Louise Perrin of Denver.

The president also appointed the Committee on Resolutions, as follows: Effie J. Taylor of Baltimore, Lydia A. Giberson of Philadelphia, Sarah J. Graham, of New York.

After the reading of announcements by the secretary pro tem, the meeting was adjourned.

MONDAY EVENING, JUNE 21

General Session of the Three National Organizations

Genevieve Cooke, president of the American Nurses' Association, presiding.

The session was opened with prayer by Rev. J. Wilmer Gresham of Grace Cathedral.

ADDRESS OF WELCOME

MRS. FREDERICK G. SANBORN

President of the Woman's Board of the Exposition

Really, this should be the mayor who is giving to this fine body of people an address of welcome. I know, and you know, that I cannot extend to you the keys of the city, but I can extend to you a greeting from the women of San Francisco and I think I may also extend you a greeting from the Exposition directors of California. It has been the hope of everyone connected with the Exposition that many great bodies of earnest people doing work in this world should come to us for this Exposition; and hundreds and hundreds and hundreds of them have been here or are coming. We are to be here during this year of 1915, a clearing house for the thought of the world, of that there is no question, and also the clearing house for the accomplishments of the world. The day has gone by when people, no matter what their worldly means may be, count for much unless they are workers in this world; and the great bodies of workers are coming here. It is with pleasure that I greet this great body of people.

We are about to commemorate the greatest event, the greatest human accomplishment, the greatest constructive work of our day; and I do not need to tell these women that that would have been impossible of accomplishment had it not been for the work of Colonel Gorgas and those affiliated with him, and his fine body of nurses and the work they accomplished upon the canal. They were part and parcel of the work. We are hoping that he will be with us before the Exposition is over. Now, I should like, if you care to hear it, to tell you something of the work that the women of California are doing for their Exposition. I do not think I need to tell you that we are very proud of the accomplishment of this Exposition. We are proud of the men who thought of it, and proud of the men who had the courage to think of it when San Francisco seemed to have gone off the map. It was done, and we are very proud of the kind of work that has been done. I was very much amused when a little lady said to me recently that some foreigners who were here and who spoke most appreciatingly of the Exposition, deplored the fact that it was in California because they feared that Californians would not appreciate it. She replied "But Californians built it." And so when we found that we were really going to have an Exposition, the women of California appointed a committee of incorporation, in order that we might be financially and legally responsible and then we made our tender to the Board of Directors of the Exposition. We were organized, and we told them that any activities initiated by

ourselves we should finance ourselves. I fancy that sounded exceedingly good to a body of men who were trying to build a fifty million dollar exposition with but seventeen million and a half. Up to this time, Ladies, we have had not a penny either from the government, the state, the county or from the exposition directors. The women of California themselves have financed their undertakings. I won't say that we have accomplished everything but we have accomplished some things. We believe that a very important thing was not only to extend hospitality to people who came here but to make it safe for people to come here. We did not want to duplicate the experience of the other Exposition cities. We are told very sad stories of the loss of the girlhood of our nation in the other Exposition cities. We knew that many of them would leave their homes and come to this city for work and so we tried to find out if any organization existed here which would be in the nature of a travellers' protection. The Young Women's Christian Association was doing the travellers' aid work and an excellent work, but we decided that unless we could put the responsibility upon them, it would still remain with us; so we issued a call for the formation of a travellers' aid society, and, as a result we today have thirty-four travellers' aid workers meeting people daily. We have been investigating for two years the hotels and homes and boarding houses and we are prepared to tell everyone where to go, where they can have the proper kind of homes. I think the only way one can tell about the result of such work is in the fact that we hear very little or nothing about people going astray or being lost. This is not work that you can say very much about. It is a preventive work and not rescue work. In two weeks of the past month, more than three thousand people were met and cared for.

Then, when the Exposition finally decided about the plans for the California building, the men came to us and asked if we would furnish and maintain that building. It is furnished, we are maintaining it, and we hope to do so to the end of the period of the Exposition.

In addition to that we have extended courtesies to all the ladies and many of the gentlemen who have come here officially connected with Exposition work; to the foreign commissioners and their wives; the state commissioners and their wives; the representatives of the different governments and of the different states who have come here before the Exposition opened.

We organized the women of fifty-seven counties of this state. We have omitted one small place where I believe they have but one hundred and seventy-four people and we have not been able to organize in that county.

But after all, no matter how great an Exposition we may have, California is Exhibit "A." That is what most people come to see; and we have it arranged so that courtesies will be extended to people outside of this Exposition City. We told the ladies who came to the Exposition that a place should be provided for the California women who were helping in this work and consequently a part of the California Building was provided, has been furnished and is being used by the women of California who joined the work. We are issuing courtesy cards to the ladies who come from elsewhere to use that part of the building. I brought cards this evening and they will be issued to ladies who are not residents of this state.

We thought we had to be very careful about the granting of concessions and about the decency in the amusement concessions. We thought it was too bad to ruin the dignity of a great exposition by a lot of miserable little things of which we should all be ashamed, and I think in comparison with the other expositions we certainly have a very decent Midway or Zone.

I hope you can arrange in your sessions to give us one afternoon. If you will come, the California Board will give a reception in the afternoon for this Convention. You know that you really belong to us. You were the first body of people, as an International Convention, to send us word from Cologne two years ago. You were the first body of people to whom we ever addressed anything, asking that you come; and when we promptly had a telegram accepting our invitation, the people felt that when you came you should certainly be our guests. So we feel a particular interest in you. We have invited others since, but you were the first to be invited to California.

On the west of the Exposition is the great hospital of the Presidio, the government hospital. It has been added to from time to time, but the first Christmas, I think, there were about three thousand men there, and a lot of those boys were dying of home sickness, so we decided that we would try to make Christmas merry, and had a little Christmas tree for those that were up and gifts for the others. We asked the nurses who could reach them so much better than we, to find out from each man what he would like.

One poor old man wanted a book "with pictures of auld Ireland in it." We could not find one, there was not an illustrated book of Ireland in all the shops, so we put a notice in the Press. It was copied all over the West and Northwest, evidently, because we received twenty-three illustrative books of Ireland, and on Christmas morning when we went to take Pat his little Irish library, tears rolled down his cheeks and

he said, "Pshure and you could not chase me out of this country now, but God bless auld Ireland just the same."

And so you will go back to your homes but I hope you will remember us in California, and maybe you will come back, and we will be just as glad to see you the next time as we are now.

RESPONSE TO ADDRESS OF WELCOME

ANNE W. GOODRICH, R.N.

It is my very great privilege to express on behalf of our organizations now in congress assembled our deep appreciation, not only for your cordial welcome, but of the opportunity of holding our conference in this beautiful city, and at this time when to celebrate one of the greatest engineering feats of the age you have gathered together treasures from all parts of the world and have placed them in a setting whose beauty, through the genius of man and nature's abundant loveliness, will perhaps never be surpassed or even equalled.

It was, as you know, our purpose to hold at this time, not only a National but an International Congress. We rejoiced that the Third Triennial Congress should have fallen upon this year, and that we too should have gathered together from many nations (Great Britain and Ireland, Germany, France, Sweden, Denmark, Finland, Holland, China, Japan, Australia and Canada), those deeply concerned in the upbuilding of our profession throughout the world.

Alas, the great tragedy that is being enacted on the other side has made such a congress impossible. At the opening exercises of Columbia University last year, President Butler said, with both bitterness and sorrow, "the great scholars that were to have been with us this winter will not be here; they are on the other side killing and being killed." This, thank God, we do not have to say but rather can we say those who were to have been with us this year, not only from other nations, but of our own, giving us of their wisdom and experience and stimulating us by their presence are, regardless of nationality, binding the wounds of the injured and fighting pestilence and famine, giving of their time, strength and even of their money, to repair in such measure as they can the terrible devastation that the appalling remnant of the barbaric legalized manslaughter has precipitated in such an overwhelming degree. Inspired as we would have been by their presence, their absence is still more inspiring. Never were we so internationally united, for across the great distance that separates us comes their silent testimony to the place that has been assigned to our profession in the service of humanity. Again our attention is called to

the fact that our calling knows neither day nor night, neither creed, sex, color or nation, war or peace, and again is emphasized the fact that service so weighted with opportunity and responsibility cannot be fitly rendered to humanity unless all avenues whereby a thorough and comprehensive technical and theoretical preparation may be acquired are opened to those seeking to prepare themselves for this service.

If in the face of this needless crippling and waste of life that has made our efforts to preserve life seem puny, futile and altogether unavailing, our courage has not faltered and our enthusiasm has not become diminished, here in San Francisco we have found renewed inspiration as we look at the waste land that has been converted in a few months into a marvel of loveliness, as we walk through the streets of this wondeful city that in a brief nine years has risen out of the ashes to which it was reduced by a terrible fire and the convulsions of nature. We face the future full of hope and courage, and again bend our energies to leave a sound, educational foundation for the future generations of nurses whose services will never be more greatly needed than in the years which will follow this great war.

We believe that the state and even the nation should assume some responsibility in the preparation of this servant whose services are so wide, and if a healthy people is her greatest resource, she would be justified in placing at the disposal of our students of nursing every educational opportunity. We shall not rest until the institutions of learning and the institutions for the sick have opened their doors to our profession and until there is required of every nurse a definite evidence, through a licensing examination, that she is equipped with the thorough scientific preparation through which only she can can render a complete service.

ADDRESS OF THE PRESIDENT OF THE AMERICAN NURSES' ASSOCIATION

GENEVIEVE COOKE, R.N.

Members of the American Nurses' Association and guests, I wish that you might know with what pleasure the nurses of California have looked forward to this convention week and to the stimulus which we confidently expect to gather from the papers, and from the discussions to be held. Never before have we had the privilege of welcoming to California the National League of Nursing Education, the membership of which is made up from the teachers in our profession, meeting at this time in twenty-first annual session. Also for the first time we are honored with the presence of the newest of our national organiza-

tions, namely the National Organization for Public Health Nursing, now holding its third annual session.

Three short years ago a message was flashed from the Old World which brought joy to the members of the California State Nurses' Association and which filled us with enthusiasm. The message was that the International Congress of Nurses in session at Cologne had accepted California's invitation to meet here in San Francisco in June, 1915. Then came acceptance from the American Nurses' Association, from the National League of Nursing Education, and from the National Organization for Public Health Nursing. There is no occasion for me to dwell upon the heart-rending calamity to the human family, which has made our International Congress an impossibility. There is no individual in this great audience who is not seriously affected through the knowledge of the continuous slaughter in our parent countries. Many members of our International Council who but one short year ago were anticipating with so much pleasure the wonderful congress planned, have for weary, weary months, been serving the cause of humanity in those blood stained countries. But looking beyond the present sorrows and separations, two members have come to us from England, one from Holland and one from Australia to meet with our International president and charter members in executive session, for the sole purpose of maintaining the continuity of the Council, so to proceed with its unifying work some years hence when peace may again be upon earth. Inadequate as the numbers of nurses may be to succor more than an infinitesimal fraction of the precious lives now being sacrificed in battle, it is some small consolation to realize that even the simple title Nurse means one who protects, one who nourishes, never one who destroys.

The nurse of today is educated by widely different methods and to meet widely different demands from those of yesterday, and to lay a wise and adequate foundation to efficiently equip the nurse of tomorrow, is one of the serious problems which concerns our teaching body, and our far-seeing sympathetic associates and medical officers. We may indeed be thankful that in the education of the present-day nurse, a wider interpretation of this simple title prevails, and whether the demand for service today calls her to the private home or to the hospital, or to serve in time of general calamity, such as earthquake, fire, flood, or to succor the wounded on cruel battle fields, the ministrations of the true nurse may be anticipated not only with a confidence that she possesses technical skill and the experience which makes her the chief assistant to the great surgeon, but also with trust and belief that in her experience in the School of Life, she has come into possession of

that knowledge and sympathetic understanding of souls in distress, which fit her to be the chief assistant to the Great Physician.

We must all in time come to recognize the truth of the statement that the development of a soul is not a peaceful process like the growth of a plant. The realization of a divine purpose within ourselves, we are told, is not in obedience to a tranquil necessity. Forever there is conflict between high ideals and low standards, a wrestling with the principles of evil; hand to hand, foot to foot, every inch of the way must be disputed. It is thus in our struggle for lifting the nursing profession to higher efficiency.

Consider if you please, the promise that awaits the service to humanity if in some future time the majority of the young women who yearly graduate from our schools of nursing shall begin their public service not only with full technical knowledge and practical experience in the principles of nursing, but with their early ideals unshattered and their faith strengthened.

One of the problems long under consideration by our profession is how we can best serve the people of moderate means, that large majority of self-respecting home people who are the real bone and sinew of every country. One organization has suggested as a possible solution of this problem, the grading of nurses into First, Second and Third Classes, in accordance with the proved efficiency of each. Under such a plan would it not be logical to assume that the nurse of greatest skill and experience should be assigned for care of the patient who is in the hands of a second or third rate physician or surgeon, in order to insure the life of the patient? On the other hand, when one considers the assignment of a correspondence-school product or any other untrained, poorly-equipped woman to care for the patient of a first class skilled physician or surgeon, are we not at once confronted with the fact that all the skill of the greatest surgeon is set at nought and the patient's life placed in jeopardy by so doing?

The question is, Shall we have one good standard? If not, to whom then shall the second and third rate nurses be assigned?

ADDRESS OF THE PRESIDENT OF THE NATIONAL LEAGUE OF NURSING EDUCATION

CLARA D. NOYES, R.N.

By the swift but sure flight of time, 1915 has arrived, a date destined to be weighted with deep significance to the entire world and to which our nursing organizations, National and International, had looked forward with eager anticipation. We have come with a definite

desire to see and learn, for California has long been held like "Apples of gold in pictures of silver" in our imagination. At the risk of being tiresome I repeat that which has already been said by Miss Goodrich and Miss Cooke. Our pleasure, nevertheless, is tinged with sadness and regret, for we had expected to meet with us, at the International Congress of Nurses, our sisters from foreign lands, some of whom, even now, as I, in this peaceful land, write, together with many of our own members under the banner of the Red Cross, are nursing the sick and wounded soldiers and lending aid and assistance to the stricken people in a land laid waste by the most cruel and devastating war the world has ever known.

We, who teach our pupil nurses that all life, even when apparently the most degraded or the most fragile, is worthy of our most tender and sympathetic care, lest in that life the spark of some great and brilliant intellect may already be burning, cannot view this wholesale slaughter, even from a distance, without great anguish of mind. We are particularly sympathetic with our English sister nurses, for not only have they met with defeat year after year in their effort to secure proper registration laws, with the hope of correcting some of the crippling conditions existing in that country, but they have been further humiliated and belittled by seeing the unskilled and untrained lay worker from all grades of society quite generally made responsible for the nursing of the sick soldier in the present conflict. We, who have viewed this extraordinary situation from afar, have rubbed our eyes and wondered if we have been sleeping and had dreamed that a Florence Nightingale, some fifty years ago, had risen to the rescue of the English soldiers and subsequently laid the foundation of modern nursing. Let us not be too complacent, however, for although we are grateful for our splendid nursing organizations, our unity and solidarity, our registration laws, weak and feeble as some of them may be, our Red Cross Nursing Service; our Army and Navy Corps; our Department of Nursing and Health at Teachers' College and lastly, but always first, our schools of nursing and the recognition and respect that is universally granted to the graduate from such, we know not how well our unity would stand, should it be subjected to similar pressure. Far away from the field of action as we are, and without the same compelling and disorganizing excuse, we have seen the term "nurse" and the duties of such assumed by American women of all ages and social standing both in the past and at the present time. Nay more, during the present conflict they have pressed to the front, and with much ostentation and newspaper notoriety, have proclaimed themselves as war nurses.

We, who are interested in the larger schools of nursing have been

besieged by young women, with strong social backing and evidence of medical support, hardly out of their teens, who wanted a few weeks in our wards and dispensaries, in order, as one said, "to get an idea of how a ward was conducted" but above all things to "learn bandaging." One would think that all the secrets of nursing lay tightly wound in a roller bandage. Far be it from any of us to discourage or belittle the effort of the lay woman in whatever legitimate way she may at such a time elect to serve. Such desire should be fostered and encouraged, but we should stand firmly against the assumption by any untrained lay person of the title, uniform or professional duties of the properly prepared nurse. Through the protection of our schools, our professional rights and duties, we should protect the community, both in peace and war, from charlatanism and quackery. Are we, as a profession, sufficiently unified to accomplish this?

This can best be answered by a careful analysis of the foundations upon which our schools of nursing are resting, for upon the schools, the future of our beloved profession is depending. Unendowed, dependent upon the hospital with which they are connected for support, they cannot be considered as true educational institutions, for it is a well known fact that all such require money in order to live. Indeed some of those on boards of control of hospitals unhesitatingly say that the school for nurses is only a department of the hospital, like the laundry, and its head a "paid employee," responsible solely for the nursing care of the patient. They seem to fail utterly in comprehending the dual obligation, not only that to the patient but to the pupil and her future. Important as the pupil may be to the hospital, she is, apparently, far more important to the public as a graduate. Never in the history of nursing has the demand for highly educated and carefully prepared women for the widening field of nursing been so insistent and so persistent.

We view the situation in England with almost sympathetic condescension. Are we justified in so doing? Sum up the evidence presented on all sides. Study the campaign in New York state for the last three years; two of which were spent in trying to secure an amendment to the Nurse Practice Act, to restrict the use of the word "Nurse" when used for the care of the sick, to those properly qualified, and the third to bring all schools giving a diploma to a nurse under the Department of Education, a requirement extended to all other types of schools, even chiropody. Study laws existing in other states; in one, no practical examinations are held. Because it is not "constitutional for a woman to hold office," the board of examiners being doctors, no practical examinations are given. Could we not do something to bring

about greater uniformity and at least establish standards of education and entrance requirements, if our unity and solidarity are as sincere and substantial as they seem? Do we not sometimes even now hear an occasional nurse say, "What has registration done for me?" or "Our old system of education was good enough for me," etc.

This is not the moment for any one of us to ask these questions. It is the moment for work individually and collectively. We must work for our schools and suitable endowment for such, our standards of education and professional work, our organizations, proper laws of control and licensure, our position and professional recognition and above all we must educate ourselves to believe in the dignity of our calling. Nothing ever gains the respect of the world or becomes practicable or reaches beyond the purely practical until it has been fought for; until someone believes in the project and makes a gallant fight. We have but to turn to the pages of history, bristling with examples, viz: the Emancipation of the Slave, Liberty of the Press, Free Education, Equal Suffrage and the highest example of all, the Christian religion. These have all been found absolutely practicable, now that they have become established facts. Yet thousands have suffered discomfort, loss or even death to make them so.

We must not lose courage for signs of awakening are manifesting themselves on all sides. Look and you will see them for yourselves. All that which I have asked will come, but only through education. First, in our own ranks, then outside, by the maintenance of harmony and unity of thought and action in our dearly loved organizations.

ADDRESS OF THE PRESIDENT OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

MARY S. GARDNER, R.N.

Read by Ella Phillips Crandall

The extreme youth of the National Organization for Public Health Nursing would naturally presuppose a certain degree of modesty and humbleness of spirit, for we celebrate today, but the third anniversary of our short existence. I feel, however, that ours should not be altogether the modesty and humbleness of those of small account, but rather the spirit of such a man as St. Paul, who, without self-glorification or personal conceit, so proudly claimed his Roman citizenship, with all the rights and privileges pertaining to it. Such a right of citizenship our young organization claims among you, a right of close kinship with the older nursing societies gathered here today, and a right which

is even more fundamental than that of kinship, the right of a common purpose, a common privilege, and a common responsibility.

The time is past when any individual or body of individuals can work as a single unit, and in this gathering today of the three national mursing organizations, we gladly acknowledge the indebtedness for our very existence which we, the youngest, owe to the other two.

When, in 1893, the first group of training school superintendents, to whom we owe so much, met in Chicago, to discuss the then radical scheme of forming a national society of nurses, a first step was taken which nineteen years later made possible the National Organization for Public Health Nursing. When, in 1896, this same young society helped to form what is now the American Nurses' Association, a second step was taken. When, in 1911, these two organizations appointed a joint committee to consider the formation of another national body, having for its object the standardization of public health nursing and the furtherance of its interests, a third step was taken, and the following year in Chicago saw the enthusiastic formation of the National Organization for Public Health Nursing. Its purpose was the common one to bring more effectually to the weak the help which nurses all over the world have been giving since and before Phoebe of old was a "succorer of many." The fact that our methods in these modern days differ from those of our predecessors, in that we try to strike at causes instead of dealing alone with their evil results, makes not one whit of difference in the purpose, which in its essence is the same, to help.

The noble abbesses of the middle ages; the Sisters of Charity, the efficient superintendents of the big city hospitals, the quiet little visiting or private nurses, whatever their race or creed or color, in whatever age they have worked, are bound by the tie that unites them in the great common purpose of helping. The very word, help, implies a broad democracy, for helping is not possible alone. As each citizen brings his or her quota of ability, placing it at the disposal of all, the privilege of corporate strength is felt, while at the same time consciousness of individual talent and preparedness is quickened. One brings the gift of knowledge and the power to teach, which start on their way the young nurses eager to join the ranks of helpers. Another brings the executive ability which makes possible the complex management of the hospitals. Another occupies herself with the care of single patients, changing helpless misery to bearable discomfort, or fighting the great fight with death in lonely sick rooms. Others again go from house to house bringing order out of chaos in disordered lives and gradually changing the health situation for whole communities. It only matters that the

gift of each should be valuable in its own way, and that it should be offered with the right spirit.

The demand of the present day is for efficiency, which we are a little too apt to place over against what we term the sentimentality of the last century. In our laudable efforts to be efficient, we are in danger of forgetting that, if we serve with our minds and bodies, leaving out the beautiful intangible things of the spirit, we may not, after all, accomplish more than those who have worked without the trained mind or the trained body.

What is the apportionment of responsibility entailed upon the public health nurse by her citizenship in the republic of helpers? It is not trifling, but we would not be of the class of those who claim a privilege and escape the inevitable responsibility which is part of it. With the privilege of so free an entrance into the homes and lives of the people comes the responsibility of a knowledge which implies power, the power to change things. It is not enough, therefore, that the public health nurse should merely nurse, though on the foundation of her nursing skill must always rest her other activities. By joining hands with others, it is in her power to affect the whole life of the individual. She may secure for him suitable pre-natal conditions and a healthful infancy. During his school life his physical and moral well-being become her care. Later, the conditions under which he works and the state of the houses in which he lives are her responsibility. By her, his wife is taught the simple rules of good housekeeping which will make his modest income sufficient to buy for him health and decency. In his old age, if after a fruitless struggle he is forced into dependency, it is to the public health nurse he turns to secure help for his helplessness. Dying he is cared for by her, and through all his life, in illness and in trouble, he and all his family depend upon her friendship as well as on her nursing skill.

These are the responsibilities of the public health nurse and though she realizes that all the complex machinery of public health nursing exists for the ultimate good of the individual alone, she must see him always in his relation to society. It is this which so complicates and renders problematical her work.

At the National Nurses' Convention of, let us say, 1930, a solution of many of our present problems will have doubtless been sought and found. The best method of educating the public health nurse will have been evolved, state and municipal control will perhaps have proved their advantage over private enterprise. Controversy will no longer run high on the debatable point of specialization versus non-specialization. But the solving of these problems will not mean quietude. Oth-

ers quite as important will be discussed, perhaps in this very western city by another generation of nurses.

It is for us to so meet the responsibilities of our day, as to open ever wider opportunities to those who follow us, caring little whether we ourselves are permitted to see the results of our labors and nothing at all whether such results bring us personal credit. Only in this way, in true humbleness of spirit, yet with the pride born of conciousness of the power of opportunity, shall we be worthy to place our gift with those of others on the altar of service, so gaining the blessing of the strength that comes of united effort.

The president asked Dean Gresham to say the closing words of the session, which he did as follows:

I think it must be apparent to all who have heard these delightful papers that a very fine strain of idealism and spirituality runs through them. It seemed to me as I listened that there is hardly any place for the official ministry which I represent, because the ideals for which that ministry stand are so beautifully exemplified in the actual service of such women as yourselves. I had no conception that there would be that note, or to such an extent. It seems to me that it augurs most promisingly for the spiritual effectiveness of the work upon which you are about to enter. Will it not be a very beautiful thing, if, in addition to all of those wonderful objects upon which your eyes will rest, in addition to all of the sweet associations which you will make here for the rest of your lives, you can receive a higher vision than any, perhaps, that has ever controlled your actions, and so go back to your tasks, wherever those tasks may be, resolved that you will not be disobedient to that heavenly vision.

TUESDAY MORNING, JUNE 22, 9 A.M.

BUSINESS SESSION

GENEVIEVE COOKE, *Presiding*

The minutes of the previous session were read and accepted.

REPORT OF THE RELIEF FUND COMMITTEE

LYDIA A. GIBERSON, *Chairman*

You heard the report of the treasurer yesterday in detail regarding the finances of the Relief Fund. I want to announce that in the AMERICAN JOURNAL OF NURSING each month you will see the report of the treasurer, of the finances of the Committee. It was decided that 5 per cent of this fund, that is, the income, might be used for expenses. The meetings held during the year were as follows: New York, January 18,

1915, present Mrs. Twiss, Miss DeWitt, Miss Golding, Miss Cooke, and L. A. Giberson, chairman. New York, May 18, 1915, present Miss Golding, Mrs. Twiss, and L. A. Giberson. A San Francisco meeting was called for Saturday, June 19. There was no meeting, as only the chairman was present.

The first Relief Fund Committee was appointed to raise a fund to help nurses and to reach the sum of $10,000 before benefits could be paid. The required amount was raised at the end of three years. The fourth year (this past year) the Committee has been working out a plan by which to use the small surplus in aiding nurses. The work of the Committee broadens each year, until now we can see work to be done that will keep several committees steadily busy for a year, in not only raising funds and giving aid directly, but helping indirectly by looking up local conditions and institutions where nurses could be best cared for. In many cases they could be instrumental in securing help from relatives and friends and perhaps former patients of wealth to whom the nurse would not care to make known her wants directly. If the members present would return home and work hard for this fund through their associations and in their locality for one year, we would have a fund large enough to meet all needs, both in the way of benefits and loans. (A letter read regarding a possible legacy.) I wish to note here that the Relief Fund is not a mutual beneficial fund, whereby each member would receive a stated amount. This, with the pension fund idea, was considered carefully for a number of years and was finally given up at the Boston meeting, in 1911, and the proposition of a fund to help nurses who were in need, was accepted. After securing the first $10,000, the question as to whether the American Nurses' Association could legally hold and control a fund of this kind was taken up. Advice from the lawyer consulted was to the effect that the Relief Fund must be a separate and distinct corporation, with individual membership, but in a later and further consultation, it was discovered that the Relief Fund can remain as it is by amending the charter of the American Nurses' Association to extend its purposes to include the Relief Fund. The question so often asked, "Don't you think nurses would hesitate in asking for assistance?" is best answered by the fact that it is not necessary for the individual to make application, as there are usually nurse friends who know of her financial condition. It is easy to think, when one is well and strong, with plenty, that she could not or would not ask for assistance, but when once ill for a long period, or down and out, she is very glad to have some one, or some means whereby she can be assisted. A form of application submitted by the Committee and passed upon by the Board of Directors is now ready for the printer.

It was thought best to have applications made by the president and secretary of a local association of which the nurse is a member, these applications to be sent to the chairman of the Relief Fund Committee. The president of the American Nurses' Association and the chairman shall decide on the amount to be given in each case and later report to the Board, the one object being not to have any further delay than possible in getting the funds to the nurse after the application is made. There have been four applications. First, a nurse who had an accident and was temporarily without funds. In this case before the application was acted upon local assistance was provided, as her illness was of much shorter duration than expected. Second, application made by a state association for a nurse without relative or funds, who had been ill with tuberculosis for several years, after local associations had assisted as much as their funds would permit. It was decided that $25 should be paid her for four months, and then $10 per month until after these meetings. Third, application made by a friend, for a nurse who had been ill a number of years. In this case the nurse died shortly after the application was made. Fourth, the case of a nurse who had been ill from a complication of diseases, and will never be able to do hard work. She had used her savings to help her mother and sister. $50 was sent her until the case is further considered. A number of applications have been received for loans. As the funds have not reached the required amount, these could not be granted. 276 letters were sent to affiliated associations asking coöperation, the appointing of special committees, and for information as to what benefit or help was given the members when ill. Of the 190 alumnae association addressed, 46 have rooms or beds or special hospital rates; 54 have funds or give an allowance. Of the 49 county associations, 8 have some loan fund or provide hospital care; most do nothing. Of the 47 states, 23 replied; only 3 make any provision for care and help for any length of time. Approximately 23,000 pledge cards with information and instructions were sent to the secretaries of affiliated alumnae associations, and to a few state societies where no local associations exist, requesting them to send one to each member of the association. These were mailed about three weeks ago. A number of returns have already been received by the treasurer. It was decided to do this rather than issue a calender for 1916. As you note, I am witholding report of the calendar work until the last, our last year not being as successful in the sale of the calendars as the two former years. I am very sorry not to be able to report more than a few hundred dollars over and above expenses, and I am unable to state the definite amount as our receipts are not all in. I regret this especially as the nurses all over the country

have worked so hard and willingly to make the sale a success, but as the Irishman says, "Everything was agin' us."

At the time the calendar came out, nurses, both pupils and graduates, were contributing and helping largely in the relief work for the warstricken countries. The states that sold the largest number of calendars are as follows: Pennsylvania, New York, Massachusetts, Michigan, Ohio, New Hampshire, North Dakota, Connecticut, Missouri, New Jersey, Colorado, Rhode Island, Maryland, Indiana, California, Virginia, Minnesota, Nebraska, Kentucky, District of Columbia, North Carolina, Louisiana, Illinois, Mississippi, Texas, Wisconsin, West Virginia, Vermont, Idaho, Kansas, Georgia. No calendars were sold in any other states.

MISS GIBERSON: So, you see, we may have our fund, perhaps, increased by legacies in time. These were the pledge cards that were sent out. We made a double card so that the member pledging could have the information on one side and make a note as to when she made her pledge and how much; but I find from the returns coming in that they are returning both cards. It is hard, by communications and printed matter, to have the nurses understand this Relief Fund.

The report of the Relief Fund Committee was accepted.

The chairman appointed Anna C. Maxwell to serve on the Committeee on Resolutions in place of Miss Giberson.

REPORT OF THE COMMITTEE ON REVISION

SARAH E. SLY, *Chairman*

Your Committee on Revision of the constitution and by-laws of the American Nurses' Association, which was appointed by the Board of Directors at the annual convention in St. Louis, in May, 1914, begs leave to submit the following report:

The Committee was authorized by the Board of Directors to consult Walter R. Herrick, of New York City, counsel for the American Journal of Nursing Company. Two meetings of the Committee have been held during the year, one in New York City, in January, 1915, at which there was a conference with the attorney, and one in San Francisco, June 19, 1915. The recommendations which were made by the Revision Committee to the Board of Directors are contained in the secretary's report. The proposed printed amendments to the by-laws were sent by the secretary to all permanent and charter members and delegates. In investigating the legal standing of the Executive Committee, it was found to be a body of purely nominal authority and power, and as a majority of the members of the Executive Committee are direc-

tors, and all transactions of this Committee had to be approved by the Board of Directors, your Committee decided to eliminate this committee from the by-laws and substitute the Board of Directors. See first amendment. See third amendment. See fifth amendment, first paragraph. According to the Membership Corporation Law of New York, under which we are incorporated, we are working on the delegate convention system, therefore, the words "annual convention" should be used throughout the by-laws instead of "annual meeting." See second amendment. Since the proposed amendments were printed, the legal counsel has informed your Committee that the Nurses' Relief Fund is not a mutual benefit fund, as previously stated, also that the American Nurses' Association can hold and control this fund by amendment to its present Articles of Incorporation, whereby its corporate purposes may be extended so as to include the Nurses' Relief Fund, instead of making it a separate corporation. As it is most desirable that this fund be controlled by the American Nurses' Association, your Committee suggests the withdrawal of the proposed amendments 4 and 6 and recommends that the Articles of Incorporation of the American Nurses' Association be amended to include the Nurses' Relief Fund. See fifth amendment, second paragraph. Your Committee was requested to ascertain the legality of the president of the National League of Nursing Education, and the president of the National Organization for Public Health Nursing being members, ex-officio, of the Board of Directors without the right to vote. This amendment to the by-laws was made at the time of the Chicago Convention in 1912 when those two national organizations became affiliated with the American Nurses' Association. This representation on the Board of Directors was done for the purpose of establishing closer relations between the three national organizations. Your Committee is advised that the directors of a membership corporation must be elected from among the members, by the members, and curtailing this right of the members to use their judgment in electing whom they please as directors, by the passage of a by-law indicating two specific persons for whom they should vote, is in contravention of the statute. As the secretary has reported, it is hoped that the Committee on Revision from the American Nurses' Association will be authorized to work in conjunction with the committees on revision from the National League of Nursing Education and the National Organization for Public Health Nursing, and the legal counsel, in working out a plan by which these national organizations may have some distinct representation in the American Nurses' Association.

The report of the Committee on Revision was accepted.

The president then spoke of three members who were in distress: Annie Damer, who was unable to be present on account of illness; Katharine DeWitt, who was unable to perform her duties as secretary at the convention because of the serious illness of her mother; and Mary E. P. Davis, who was taken ill on her way to the convention and who who was then in a critical condition at the Children's Hospital. The members voted to send telegrams from the Association to Miss Damer and Miss DeWitt and flowers to Miss Davis.

MISS GIBERSON: I move that we accept the recommendation of the Board of Directors and make Miss Davis and Miss Dock honorary members of this association.

The motion was unanimously carried.

REPORT OF THE ROBB MEMORIAL COMMITTEE

ADELAIDE NUTTING, *Chairman*

(*Read by the secretary pro tem, Miss Deans*)

In the early autumn this Committee met a very serious loss in the death of its chairman, Isabel McIsaac, who for nearly four years had guided with much devotion and wise judgment the affairs of the fund. To the very last weeks of her life her interest and activity continued and her latest efforts, made at a time when her feeble strength could ill afford the strain, were in its behalf. In grateful recognition of her long and invaluable services to nursing education this Committee has undertaken to establish some fitting memorial, and plans are now under consideration for that purpose. The following suggestions have been made as to the form it should take: 1. A loan fund for students desiring further education and not able to secure scholarships. 2. A special scholarship to be known as the Isabel McIsaac Scholarship. 3. A travelling fellowship to be awarded at intervals of three or four years. 4. A prize of a sum of money to be awarded annually for the best paper on selected subjects. 5. A course of lectures on some nursing or health subject to be given annually in some suitable institution. These are some of the suggestions which have been made, and others will doubtless arise. The question of incorporation is still pending, and it seems wise to defer any attempt to settle it until the precise relationship of this Committee to the two national associations is determined. Our lawyer, Mr. Herrick, says that since our Committee is a self-perpetuating body it has no legal relationship to the national associations through which it was created. It was presumably not intended by

these associations to place these committees on a basis which severed all organic relationship and this question should be taken up with the Committee on Revision during the year. As soon as our status is clearly settled, there need be no further delay in securing the necessary incorporation.

The Scholarship Committee reports that 26 application forms were sent out, and that 12 candidates applied for the scholarships. Some further applications were received after the awards had been made of three scholarships of the value of $200 each. The successful candidates were: Ruth E. Babcock, graduate of the University of Minnesota and the St. Barnabas Hospital Training School, Minneapolis, for study in the School for Social Workers in Boston (Miss Babcock was awarded this scholarship last year, but withdrew, renewing her application this year); Blanche Pfefferkorn, graduate of a western high school and of the Johns Hopkins Hospital Training School, Baltimore, Maryland, and now a student in Teachers College; and, Margaret F. DeMuth, Pennsylvania Normal School, Lancaster, Pennsylvania, and the Protestant Episcopal Hospital Training School, Philadelphia. The two latter wish to prepare for Training School Administration at Teachers College. There were several other applicants of high attainments whom the Committee greatly desired to include in its awards, and they regretted greatly that the present limitations of the amount available prevented them from doing so.

The Treasurer reports that the fund now amounts to $15,271.47. She calls attention to the fact that efforts to increase it were relaxed when the Relief Fund was started and that this accounts for its slow growth. It is proper now to remind the members of our associations that the sum named in the beginning which we desired to reach in the establishment of this memorial was $50,000, yet at the end of five years we have secured less than one-third of that amount. It seems evident that if we really intend to carry out our original plan, a new effort must be made and a more vigorous and searching campaign set in motion to secure funds and thus to complete the task to which we have set our hands. We should not content ourselves with a half-finished task, nor be satisfied with a meagre memorial to the woman who gave so abundantly of herself and her work that the lives and opportunities of nurses might be made richer and better. The future will bring new demands and they will press upon us. Can we not this year take up this particular work and devote ourselves with renewed energy and devotion to its completion? During the brief period in which we have been able to award scholarships, there have been 40 candidates (including those for 1915–16) for such aid, and we would

have liked to award a good many more scholarships than the twelve which are all that our funds have allowed. Many of our two hundred and fifty alumnae associations have contributed generously; one, indeed, with which Mrs. Robb was closely connected has already given nearly $2000, but there are others whose interest has not yet been awakened; and this is also true of the fifty or sixty thousand nurses who are all directly or indirectly indebted to the woman in whose memory this memorial is raised. Let us hope to report at next year's meeting that a good share of the desired $50,000 is in the hands of the treasurer or is pledged.

The report was accepted.

MISS AHRENS (Chicago): It seems to me just at this time, after hearing the report of this committee and its recommendations regarding a memorial to Miss McIsaac, it is fitting to begin such a fund; and it is with a good deal of pleasure, and considering it a great privilege that I am able to come to this meeting as a representative from her school and mine, prepared to start this fund with $500.

THE PRESIDENT: You have heard Miss Ahrens' suggestion that the memorial to Miss McIsaac be started and that the Illinois Training School takes the initiative by a contribution of $500.

MISS AHRENS: I will add that the board of directors of the alumnae association also stated that was only a beginning.

This statement was received with great enthusiasm by the delegates present.

SECOND ANNUAL REPORT OF THE NATIONAL BUREAU OF LEGISLATION AND INFORMATION

MARY C. WHEELER, *Chairman*

(Read by Miss Deans)

On December 10, 1914, each member of this committee was asked to secure the following material and data from the states which had been assigned to her: 1. A copy of the law relating to nurses and providing for their registration, also the by-laws governing the Board. 2. The number of nurses who had graduated in each state up to January 1, 1914. 3. The number of nurses who graduated in each state in 1914. 4. The total number of schools for nurses in each state. 5. The number of schools for nurses in each state, recognized by the State Board of Nurse Examiners. 6. The number of nurses registered by the State Board of Nurse Examiners in each state up to January 1, 1914. 7. The number of nurses registered by the State Board of Nurse Examiners from January 1, 1914 through December 31, 1914. 8. What are considered the weak points in the laws under which the

State Boards of Nurse Examiners are working? Copies of printed matter sent in response to these requests are filed by the Chairman and have been forwarded to persons asking for the same. The data

EXHIBIT A

STATE	NO. NURSES GRADUATED PRIOR TO 1914	NO. NURSES GRADUATED IN 1914	NO. NURSE SCHOOLS IN STATE	NO. SCHOOLS RECOGNIZED BY ST. BD. EX.	NO. NURSES REGISTERED PRIOR TO 1914	NO. NURSES REGISTERED IN 1914	TOTAL
Arkansas			17				400
California			75		4875	127	5002
Colorado			21		1481	190	1671
Connecticut					166		
District of Columbia						72	
Florida						30	
Georgia	628	59	34 white 4 negro	22	553	58	611
Illinois					3451	713	4164
Indiana		120	36	26	162	123	
Iowa			52	52	1811	325	2136
Louisiana			13		668	118	786
Massachusetts					5863		
Michigan				46			
Minnesota	1884	232	28	13	1011	164	
Mississippi	240	74	18		0	278	278
Missouri			32		1782	140	1922
Montana	181	40	11		180	92	272
Nebraska	618	87	18	14	695	63	758
New Jersey	2876	278		38	569	1029	1598
New York				130			
Oklahoma		33	64	18	269	102	371
Oregon	475 approx.	54	14	11	589	56	
Texas				33	786	217	1003
Washington		81					
Wisconsin	1032	129		23	617	600	1207
Wyoming	175	25	7		149	33	182
26							

asked for have been scheduled and marked "Exhibit A." When no state is named, it may be understood that no data have been received. Printed matter has also been sent in regarding registries and club houses, as follows:

Registries: Canada, California, Connecticut, Illinois, Indiana, Michigan, Massachusetts, Maryland, Missouri, Minnesota, Nebraska, New Jersey, New York, North Dakota, Ohio, Rhode Island, Washington.

Club Houses: Canada, Toronto; Connecticut, Hartford; Illinois, Chicago; Oklahoma.

Letters asking for information have been received from the following states, together with the number from each. Each letter has been answered and in a few instances it has been necessary to write to several persons before being able to answer the original question.

California	5	Montana	2
Colorado	1	Nebraska	5
Dist. Columbia	1	New Mexico	1
Georgia	3	New York	8
Idaho	2	North Dakota	4
Illinois	8	Ohio	5
Indiana	3	Oklahoma	1
Iowa	1	Oregon	1
Kansas	2	Pennsylvania	4
Kentucky	4	South Dakota	1
Louisiana	1	Texas	1
Maine	1	Utah	1
Massachusetts	2	Virginia	2
Michigan	3	Washington	2
Minnesota	2	West Virginia	1
Mississippi	1	Wisconsin	1
Missouri	3		

Total number of inquiries, 83. 36 from west of the Mississippi, 47 from east of the Mississippi and one from Canada. One letter was received asking the advantages resulting from inspection of schools for nurses in Illinois. The Chairman asked the superintendents of nurses to write directly to the writer her opinions on this matter, which request was given attention at once. The List of Accredited Schools of Nursing, published by the American Nurses' Association, has not paid for itself. About 50 complimentary copies have been sent to various bodies with the compliments of the Association, many have been sent to San Francisco to be purchased. The 50 cent price seemed to be too high; in January, 1914, the price was reduced to 25 cents. The list is now in need of correction. It is still of some value, as the majority of the schools are on the list, the names of some superintendents having changed. The publication presented by Miss Boyd does not include a list of the schools, but does give many interesting facts as to the state laws.

At the January meeting of the Board of Directors, the following recommendations were made: (1) That the list of schools of nursing be placed in the libraries by the state associations, for reference by prospective students. This has been suggested many times, when sending two copies, but no definite course of action has been worked out (2) That the price be reduced from 50 cents to 25, which was done. (3) That card-board coin holders be provided for the return of sales, from out of town; this has not been done. (4) That in such instance as this pamphlet can meet its own expenses, or is authorized to be printed another year, that more information be spread upon its pages, viz., Number of beds in hospital with which the school is connected; number of officers and students in the school; date of the organization of the school be insisted upon rather than the date of the organization of the hospital.

WEAK POINTS IN THE LAWS

California. Law not compulsory.

Florida. Waiver to exist until June 1, 1916.

Arkansas. Registration not compulsory. Board should be given authority to require school to come up to minimum standards, therefore inspection. Registration limited to those competent to do high grade nursing.

Georgia. Registration not compulsory. Nurses not prohibited from serving on the board who are connected with training school work. No provision made for training school inspection. No preliminary educational standards. No provision for reciprocity. Registration fee limited to $5.00. Inadequate. Salary of secretary limited to $100.00 annually.

Indiana. Educational standards.

Louisiana. Law not compulsory.

Minnesota. Lack of inspection. Physicians on board of examiners. Size of fee.

Missouri. Two year course. Educational standard. Registration not compulsory.

Montana. Two year instead of three year course. Inspector should be one who is fitted for it irrespective of office on Board.

New Jersey. Holding surplus funds by the state treasurer. No adequate provision for salary of secretary-treasurer. Proven immorality the only bar to registration in point of character. Not being able to withhold a certificate for the same reason for which one may be revoked. Statutory regulations which make reciprocity possible with few states.

Oregon. Law not compulsory. Limits the number of subjects for examination.

Washington. Terms of the waiver.

Wisconsin. No provision for inspection. Not specific in providing for the free use of funds.

Wyoming. Until requirements for training schools in the state can be advanced, the law meets conditions in general as satisfactorily as may be.

The report was accepted as read.

The business session then adjourned.

TUESDAY MORNING, JUNE 22

PRIVATE DUTY SESSION

FRANCES M. OTT, *Chairman*

MISS OTT: It gives me considerable pride to come before you as the chairman of this private duty session. We have had four of these sessions and I have been privileged to attend them four times. The first one was in Chicago[1] and you remember what a wonderful one it was. The room was full, and there was a great deal of enthusiasm; then we had one at Atlantic City, one at St. Louis and now we meet here today.

In the future I will ask you to kindly respond early for the material to be put on this program. Up to January of this year we had but one name, and if the private duty nurse is to stand for anything in organization life, she must work for herself. No one else can do our work for us, and so I suggest that if the Private Duty Session is going to amount to anything, the private duty nurse will have to do it. You are just as capable and just as able to do your part as any other nurse in any other organization in the United States. I appreciate that our environment is different because our time is limited. We don't know where we are going, or when we are coming. We may be called in the middle of the night to stay for six months, and we may go in the middle of the night and come back the next morning. We must lay down everything and go. That is not recognized by many of our sister nurses in the different organizations. The registries are used as our great instrument of communication. If it were not for the private duty nurse, we would have no registries and we would have no registrars. Now, the private duty nurse is not only a scientific attendant, but a scientific teacher. Many times we are taken to be first class attendants; but the time is coming when the attendants will have their place, I hope, and the trained nurse, the registered standard nurse will have her place. It does not signify whether you are a worker in the slums or whether you have a patient in the private luxurious room or in the intermediate private home or in the hospital itself. A pa-

[1] The records of the Association show that there have been five private duty sessions, the first having been held in New York City, May 19, 1910. ED.

tient is just as sick in one place as in another and the question is: "Which will you have for your nurse? will you have a public health nurse, a private duty nurse or the hospital nurse or the little probationer who is getting her training?" We are all nurses together.

We have on this Committee Miss Golding of New York; Miss Baird of Maryland; Miss Pollock of California; Mrs. Allison of California and Miss Creech of New Jersey. We have a private duty nurse on the list to be balloted for now, for director.

PRIVATE DUTY NURSES AND THEIR RELATIONSHIP TO THE DIRECTORY

By SOPHIA L. RUTLEY, R.N.

In view of the growing need for directories throughout our cities it has seemed desirable to again call your attention to their existence and endeavor to present their advantages to the private duty nurse, for whose chief benefit they were primarily established. That they have not been upheld by our profession generally is obvious, hence the request for this paper upon a topic that has been extensively dealt with from time to time in our nursing journals, and which was discussed at length last year during the annual meeting of the American Nurses' Association, also at the California State Convention. The subject matter has been so thoroughly thrashed out, it is difficult not to recapitulate and somewhat presumptuous to attempt it.

The private duty nurses comprise our largest working body. Are we serving them in the *best possible* way? Are *they* as helpful to the directory as they might be?

The influence of the directory is exercised chiefly by the method in which it is upheld in the community, by the executive heads of our training schools, and the adherence to the best interests by the private duty nurses, who are in a position to advertise its far-reaching influence, by explaining the system of ready assistance it can render at any hour in case of emergency, and when terminating a case, to leave a directory card as their permanent address, instead of a personal card.

To make its power felt, the relationship must be reciprocal. The nurse must uphold the obligations she has assumed in membership, and respect the regulations that govern it. Those regulations should be as few as possible and faithfully observed in every detail. It would seem best that she have one business address only and not register at half a dozen places as many do. Select a good directory and adhere to it. The patronage of the physician and the public will go to whatever directory the nurse or hospital refers them. Much valuable time is wasted and opportunities lost by futile searching for a desired nurse,

due entirely to the lax way of registering and reporting. Every inaccuracy upon the part of a member or of the directory weakens its power for good in the community. It has been my privilege to be very closely associated with the graduate nurse in four states of this country, therefore the opinions expressed are not entirely formed from local observations. I have noticed that the average nurse expects work to come to her with little effort upon her part. She has evaded her responsibility in making the representative directory in her city the success it might be.

She may not realize that the establishment obtaining employment for her own profession is also a bureau of information for the public and requires adequate funds to sustain it in order to uphold the standard of efficiency expected from it. She, perhaps, has overlooked the practical side of its maintenance and has thought only of the professional aspect so far as it relates to herself as a voucher for her qualifications. From inquiry I find that the question of directory expenditures has been carefully considered and simplified in every conceivable way, to secure good service at minimum cost, so that the burden of expense should not weigh heavily on the private duty nurse. The fees arranged seem reasonable for the value received. In few cities have they exceeded three cents a day and the average has been two and a half. For this amount a nurse can establish a permanent address where letters and telegrams may be sent, and forwarded to all parts of the world, telephone messages received and delivered during the day or night, reliable information of her whereabouts imparted at any time, advice willingly given, and sympathy extended to the down-hearted and discouraged. Through this medium she is introduced at various institutions, to physicians and the public. Is this demanding too much from the income derived from these advantages? Is the directory worth while to the nurse? Yet I know a large proportion of nurses resign membership after they have become satisfactorily established through this agency, forgetting that by so doing just that much power for helpfulness is lost. Until they awaken to the fact that unity of interest is absolutely necessary for educative and professional progress and that their moral and material support is indispensable to the directory of their own organization, will it be the success hoped for.

The duty a directory owes the profession demands that a right method be the controlling factor to efficiency and prosperity. Have we a right method? Do we make the benefits clear enough to newcomers? Have we helped the recent graduate as much as we might? Could we not extend the hospitality of the directory for one or two months, to the young nurse who is just leaving her school and who has to assume immediate expense, not always with an income to meet it?

All the hospitals are not in a position to give the new graduate her first case, thereby introducing her. Might we not establish a reserve fund for lending purposes to be drawn on by its members in case of misfortune, and to help the stranger within our gates whose funds may become exhausted with a disappointing period of waiting? In many localities a directory might enlarge its field of usefulness by having some auxiliary branches that would be of financial aid to the nurses while they are waiting for a call or perhaps convalescing from an illness, and are not equal for active duty. In a directory building, a portion could be used for various industries, such as a diet kitchen, where foods suitable for diabetic patients could be kept, invalid delicacies prepared and sold; a department containing appliances for the sick-room where proper equipment could be purchased for surgical and obstetrical nursing, also the privilege given members to bring materials for sterilization for cases in private homes; a linen closet might be provided with the necessary articles for illness, supplied at little or no cost, as the case warranted; an emporium might be maintained where the handiwork of nurses could be disposed of, where the young mother might buy a hygienic wardrobe for the infant and obtain advice regarding it. A workshop could be obtained with an experienced seamstress in charge, where nurses could be assured of well-fitting uniforms, and where they could purchase other articles necessary for their work, either in hospital or out. We should have facilities for lecture work, and demonstration by stereoptican views; as the nurses outside of hospital find it difficult to keep abreast of modern advancement in medical and the mechanical science pertaining to their calling. A perfectly systemized branch for hourly nurses would fill a great need in many localities, besides giving employment to those members who would willingly relinquish the more strenuous labor of regular private duty.

There is no reason why an up-to-date directory should not run its own ambulance—in fact, many activities might be introduced. I believe additions like those would go a long way in helping the nurse and in educating the public to her value. Are these suggestions too commercial?

One advantage the directory has not embraced sufficiently has been legitimate advertising. It has expected patronage to come unsought. In many places it depends entirely upon cards sent at intervals to the doctors and hospitals, though these usually find their place in the waste basket. An attractive advertisement inserted in our nursing journals, periodicals having a large country circulation, daily papers, street cars, ferry buildings, railroad depots, or any suitable place where it will meet the public eye, is what is needed today, if we wish to be progressive and keep in evidence.

But mightiest of the mighty means,
On which the arm of progress leans
Man's noblest mission to advance,
His woes assuage, his weal enhance
His rights enforce, his wrongs redress,
Mightiest of the mighty is the press.

Last year one of the writers on this subject advocated the formation of a national association of registries. Could we not make it international and organize a Registry Unity League? A committee might be appointed at this convention which would formulate a tentative plan towards centering the work of consolidation. Nurses come from every quarter of the globe, usually their introduction is only the diploma from their hospital. Would not the registrar have greater confidence if the diploma was accompanied by a credential card from such a Registry Unity League. It certainly would facilitate the effort in placing them in a new environment. Our interests must be identical if we wish for an organization which means civilization, as Mr. Roosevelt has said.

It is possible the benefits derived from such a league would be far reaching and especially helpful to the registrars, whose interests we certainly have many times overlooked. I do not know of any workers, professional or otherwise, who are expected to be "on duty" both day and night, trusting to the courtesy of friends to be relieved for a brief period for relaxation and fresh air. This may seem a sweeping statement, but with few exceptions this is the condition to be found at many of the directories in our cities. Should we allow this unselfish service to be rendered by our professional women for our own cause without some effort for improvement? Probably in every city where this unfortunate condition exists, the cause is lack of financial support. Therefore the question is, What can be done to secure a fixed dependable income? for it is certain the present fluctuating membership is not sufficient. Unfortunately, we cannot measure the achievement of central directories since their organization, but we know many thousands of nurses have found recognition through them. I congratulate the founders and appeal to the profession to further this work, in order to carry it to a higher state of efficiency. As a rule it is only the private duty nurse who contributes to the support.

Many of you may not know that the problem of the unemployed nurse is a most serious one today. We must try to find some solution for it. Her need is our responsibility, because she is one of us.

I wish to clearly define the difference between the business side, as a necessary factor for the advancement of this useful adjunct in our professional life, and the ethical side. I have asked definite questions;

may we have definite answers? I realize that prosperity rests in upbuilding and a very large army of workers is required. You will admit these are vital problems, needing the combined attention of members of our profession and the undivided interest of those in the ranks of private duty.

BUSINESS WOMAN AS REGISTRAR

By KATHERINE HYDE

If you should be appointed on a commission to select a sculptor to design and execute a monument you would see Borglum, Lentelli, French, or some other well-known sculptor. If you were appointed on a commission to erect a costly building you would consult some prominent man in the architectural world—McKim, Hastings, Bacon, for instance. And what is true of the great arts is true of the small things in every day life. We employ or consult the person who seems to us the best trained. A business woman as registrar considers the employment branch of the directory as the one important feature. A bureau of employment to be successful in any line of human endeavor must have a list of skilled persons of known merit. A nurses' directory must have such a list more than any other for the reason the term of employment is so short. In any other profession or trade new positions are created and old ones are to be filled once in a year or a number of years, while a nurse is engaged a few days or weeks only. This makes the work of a nurses' directory both easy and difficult. It is easy in having always a number of persons willing to pay a fee in the hope of obtaining employment and difficult because the unfortunate members are always waiting on the list.

The methods used by business men who have made great successes are usually the same, that is, having an article of merit to place before the public and then calling attention to it by various forms of advertising. Let us consider the possibilities of a directory with the first requisite—an article of merit. This would mean the personnel of the directory list. This list must be composed of nurses of known reputation and character. It is only in an emergency that a physician or superintendent will call a nurse about whom he knows nothing, and in some cases, physicians insist that the patient shall not know that the nurse is a stranger to them. I know of a registrar who read the names of twenty-five nurses in all to a physician at eleven-thirty o'clock, only to be told, "I don't know one of the nurses you have." While it is true in a large city a physician cannot expect to know every nurse, he

has to hear some familiar names to give him an idea of the standing of the directory. The directory of any one of the strong county associations should have on its list its leading members in private practice, otherwise it will be a failure. The association directory should be the one place where members are always registered and accurate information given of their whereabouts. If nurses would only realize what a stronghold could be established and the small need there would be for the many dreary hours now spent by nurses waiting for cases. While it is true the popular nurse does not need the directory, the directory needs her influence and she should help her weaker sister. Then again, the time may come when a particular physician or superintendent is no longer in a position to send her cases, and with a strong directory she would have other sources of employment and be independent. A nurse in accepting the varied calls of the directory gains in breadth of vision and is lifted out of the narrow path of the nurse accepting calls from a single hospital or physician. Few persons in this world retain lifelong connections and what is more sad than a nurse who has been in the profession many years forced to seek employment through new channels.

Nurses should give the directory telephone number every time a physician or patient asks her address with the idea of calling her again. The directory's number should be the one familiar number in the medical world. Instead of this I find the main idea of the nurse is to build up a practice of her own and it rests with the members of the Club House to make the directory number familiar to physicians and the general public. Thus instead of having a hundred or two hundred nurses impressing on the public the fact that a certain number is the one to ring to call a graduate nurse, you have fifteen or twenty. In team work lies the strength of any movement.

Another item in regard to merit is the duty of the nurse to respond to a call promptly. First impressions are lasting and the nurse who responds to a call quickly gives the physician and patient a very comfortable security. To start in pleasantly augers well, and the nurse with her short period of duty on each case, must be ever anxious to create a good impression. Notifying the registrar promptly when on a case or out of reach of the telephone is one essential overlooked by many nurses.

The methods to be used in placing the directory before the public have been covered already to a great extent. The constant use of the directory name and number by its members is the one unfailing advertisement. Another method is to call attention to the directory by requiring references from physicians before nurses are permitted to be-

come members. These physicians are asked regarding the nurse's work and standing in the community, and are impressed with the fact tha the credentials of every new member of the directory are looked into most carefully.

The directory should be in the hands of a live committee willing to work in its upbuilding. The registrar has not the time to leave her office to see physicians and superintendents, and this should not be expected of her. Her time and attention are occupied with the dozen and one details of her office work. The committee should also insist on a full report and any complaints either of the registrar by the nurses or the reverse should be investigated by this committee and the registrar should not be asked to keep on her list a nurse who does not respond cheerfully to calls and endeavor to the best of her ability to alleviate suffering, whether in the home of wealth or in the humblest tenement.

Two questions that are vital from the business woman's standpoint are the pensioning of nurses and the establishment of a national association of directories.

The pensioning of nurses who have spent their lives in the work should be most carefully looked into. The nervous tension under which a nurse works, the weeks of non-employment on account of sickness and lack of work, leaves her at no very great age, unable to respond to the strenuous work required of her and no one realizes this more than the registrar.

A national association of directories, acting as a clearing-house, would fill a long felt want. Such information as the fact that California, with a population in 1910 of half a million less than Michigan, has almost three times as many registered nurses as that state, would be very useful to adventurous women. We will always have those who wish to see more of the world than they can by short vacation trips, and these are often of the very highest professional standing and with proper credentials should be able to join a central directory. This is the dignified method to follow and the habit of nurses calling on physicians for cases is to be discouraged most decidedly. This, however, rests with the medical profession entirely. If physicians will not give their calls to a well conducted, honestly-run directory and wish to spend precious moments in receiving nurses, the directory cannot fill the place it should in the community.

The nurse receives from the directory what she puts into it. If she, as a member of the county association, a graduate of a local hospital, does not loyally support the directory conducted by her association, all the advertising and work the directory committee and registrar can do will avail nothing.

The success or failure of the directory is entirely and forever in the hands of the nurse. Let us work together to bring about the most perfectly organized system in our power, remembering the truth that has been so aptly expressed: "If a man make a better mouse trap than his neighbor, though he live in a hut in the woods, the world will make a beaten path to his door."

The discussion of the preceding papers was opened by Minnie H. Ahrens of Chicago.

MISS AHRENS: When I was asked to open the discussion on these papers, I wondered just why, because I am not a private duty nurse; but the reason is because I am chairman of the Committee on Directories, a committee which has had every reason to be encouraged. This Committee has charge of the Nurses' Directory of Chicago, a directory that has just celebrated its first anniversary with a membership of five hundred and we said we would be very grateful if we had a membership of two hundred and fifty at the end of the first year. The last speaker in her paper said that one of the first essentials to a successful directory was a list of nurses with special skill and ability. I am sure we all agree with that. Another very essential requirement for a successful directory is not only this splendid list of specially trained women, but a woman who is able to select from this list the right woman for the right place. Just what shall be the qualifications of this woman who is to be registrar?

When the directory that I have just mentioned was first opened, we began looking about the country for a woman who had had some experience, who might come and do our work. We felt that experience was essential, and we still agree with that, but we were unable to find a woman who could come and do this for us; so we began looking about at home, and found a woman who not only had the training of a nurse, but who had been a business woman. That is an ideal combination when looking for a registrar. If a woman cannot be found with both of these qualifications, which should come first? As one who has had both a business training and a nurse's training, I will put the nurse first, because while we can always find people who can keep our books it is a great mistake to have a business woman who does not appreciate the ability of the nurse and who cannot put the right nurse in the right place. We have been in our short year of experience using a business woman as an assistant, and even that was not successful, although we felt we had a very good business woman. The doctor who calls up usually says, "I want a nurse for an obstetrical case and I am going to leave it to you to decide who the nurse shall be and who is going to fit in." The woman who has not had that training cannot fit the right place as the woman who has. So, to my mind, it is a mistake not to have a nurse in charge of a directory. Now, a word regarding the question of telephone numbers. At the end of our first year we sent out a letter to the members of our directory telling them of our appreciation of their coöperation and asking for suggestions as to how we could better our conditions. One nurse in her reply said that she had found that it was a great assistance to her, and she felt as great to the directory, to put the telephone number of the directory on her personal card. To my mind that is one of the ideal ways of keeping the number of the directory before the physician. We have also tried a plan of having stickers, one that is glued on the back, with the telephone

number and the address of the directory. This is sent to the physician and may be pasted on the outside of the telephone book so that he need not look inside. The question of advertising and getting the directory before the public is one for which I think we all need to do a great deal. As nurses we are only beginning to realize the value of publicity. We have been rather too retired in putting forth our efforts; yet the time is coming, as it is in all other professions, when we must let people know where we are and what we are ready to do. I think the last paper stated that it was always important and essential that we should have the credential sent the physician. I agree, but from my experience in our work, the physician's credential is not as dependable as it might be. We find physicians as a rule reluctant to be honest regarding the nurse. He does not want to put down in black and white anything against the nurse. The credential which we consider most important and the one that counts for most is the credential from the training school, the kind of work that the nurse has done and her record showing what she has done in her class work, as well as in her practical work. I wonder why we should consider pensioning or separately giving assistance to our private duty nurses any more than to any other graduate in our profession. We have our Relief Fund and our loan funds in our local organizations. Why should not the private duty nurse be one and a part of these other funds? Why should the private duty nurse have a special fund for her? She is one of us and we expect to help her with our loan funds and pension funds and in our local organizations and our national organizations.

A DELEGATE: We have a registry, and the plan we have always carried out is that the first nurse on call was the one that received that call. Now, how are we to get around the question of sending out the nurse that best fits the patient?

MISS PARSONS: We have in Boston quite a successful way of registering although there was considerable opposition to it at first. It is three years old and we now have over five hundred nurses registered. We feel that next to having a list of first class nurses, the success of the registry depends upon having a good registrar. You must pay particular attention to the telephone voice and have a sympathetic, helpful way of speaking to people who call over the telephone. Courtesy is a great asset to any person, you will all allow that, and we find when our registrar answers and says cheerfully, "I will try and find somebody for you, and if I cannot find her here I am sure I can in some other place," the person desiring the nurse is pleased. We have a distinct understanding at the registry that the registrar is to use discretion as to the selection of the nurses on the list for any given case; and it is particularly understood that if a doctor call for a nurse from a certain school he shall get such a nurse it she is available. One of the great objections to some registries is the fact that they send out the first nurse on the list, and no doctor wants the first nurse on the list unless she is the best nurse for his case. So there is no misunderstanding in our registry as to that matter. You must make yourself valuable. The registrar must be a kind person, and she must please those to whom she is talking. Of course she can't please all.

MISS OTT: Registrars have to study the situation and when a registry is first started there is a great deal of confusion and misunderstanding. Sometimes it takes two or three years to get settled and in some places one might exist for a hundred years and still give no satisfaction.

THE VALUE OF THE ALUMNAE ASSOCIATION TO THE PRIVATE DUTY NURSE

By EDITH S. BRYAN, R.N., A.B.

(Read by Miss Pollock)

In considering the question of the value of the alumnae association to the private nurse, let us first fix definitely in our minds the real meaning, or definition of such an association. As I understand it, an alumnae association is the organization of the graduates of any school, the purpose of which affiliation is to intensify and maintain the interest of the graduates in the school; of the school in the graduates; and to afford a channel through which mutual helpfulness may pass one to the other. The purpose of this paper must then be the presentation of the intrinsic value of this organization, and the methods by which this mutual helpfulness may be secured.

As we learn in our study of ethics, the history of setting free individual thought and initiative is, upon the whole, the history of the formation of more complex and extensive organizations. It is easily recognized that nowhere more than in a nurse's life, and especially the nurse in private duty, is the need for individual thought and initiative keenly felt. I need only to mention the isolation of the private nurse from all co-workers in her profession; the absolute trust of doctor and patient in her; the dependence placed upon her, and each of you has a vivid mental picture of not only one but many instances of your own life and work of such trust and dependence. The stimuli of this trust and dependence call for a growth of individual power which cannot be attained in the narrow seclusion of personal work, but must be multiplied and broadened by the discussion and consideration of the various achievements of your local and national associates. The very habits of individual initiative, of personal criticism of existent order, and private projection of a better order and type of work, find their root and stay in the exchange of thought and ideals at the association meeting. The development of this public point of view with its extensive common purposes and with a general will for maintaining them can hardly be over-estimated. The suffering world wants women who habitually form their purposes after consideration of the consequences of execution of an act; and their positive responsibility and yet positive freedom may be regarded as the outcome of this self-imposed criticism. Our own personal criticism of our work when we place it beside the standard of some ideal of execution is all we have after graduation to stimulate us to nobler effort. During our years of train-

ing the criticism of teachers and instructors was freely given, but upon graduation such stimulus was entirely removed, and even the most conscientious nurse, however much her demands upon herself exceed those which have been enforced upon her by instructors, still needs in other respects to have her unconscious partiality and presumption steadied by the requirements of others.

In the light of the never-ceasing advance made in the medical and nursing professions, are we to go forward and upward gaining in individual efficiency and power as well as in united strength and forcefulness, or are we to consider our work in training done when the door of the training school closes behind us? No, a thousand times, no, and every time that my voice can be heard I shall vote for the up-building and strengthening of the alumnae association, that the sympathies between the student and school may be increased, and that the spread of knowledge and efficiency in thought and technique, may go on, in order that dignity may be added to our profession, and that a greater power for good and for health may bless the laity.

We have considered the intrinsic value of the organization which, in a word, may be expressed as a mutual helpfulness toward the attaining of highest efficiency among nurses as co-workers and an increase in the good to be done in the world. In taking up the other phase of our subject, namely, the method to be adopted for the attainment of this end, let me ask one question. Is the nurse free? Yes, that is her right, but she is free to act only according to certain regular and established conditions. That is the obligation the profession imposes upon her, the claim of social responsibility. How is she to be fitted to meet these obligations and responsibilities? One answer is, by reading the latest and best in the nursing and medical literary world. This is indeed, one of the greatest helps, but is not in itself sufficient, for long hours of excessive physical labor, joined oftimes with unwholesome conditions of residence and work, restrict the growth of mental activity and only the utmost concentration and consistent effort attain results worthy the student. In the association meeting, where discussion is rife and each speaker adds to the force of the subject presented the power of personality and personal interest, the subject discussed throbs with vibrant life and becomes a part of each one's mental treasure. Then, too, these meetings are generally held in conjunction with the hospital from which the nurse has graduated, and consequently all that is new in thought and execution can be presented to her in the clinics which can be arranged, with the help of the officers of her school and the local physicians and surgeons.

Now though each nurse becomes a specialist, by personal selection,

along certain lines, she does not want her ability and power to cease at that point. If she then continues to work under certain unchanging conditions, and along more or less unchanging paths, is this to result in narrowness of vision and inability of execution in new and untried circumstances? It is not necessary that this should be the case if she attends, as regularly as her duties allow, the meetings of her association, and learns through intimate discussion the duties, the difficulties, the possibilities for gain in knowledge and ability and the splendid achievements of her fellow nurses.

My whole thought, as thus far expressed, has been in relation to our duty as nurses, to our profession, to our physicians and surgeons, and to the suffering laity. Let us now turn from this and for a moment look in toward ourselves. In what respect do we receive personal gain aside from the increase in efficiency in our chosen work? The old saw, "In numbers there is power," is as true when applied to our work as when applied to any other. Concerted action will always bring results and our profession has not yet passed the formative period. Ethics and law are but the outgrowth of social customs, and in the light of this truth, how careful must be our forward look, how grave must be our present decision, how cherished must be our past history, that the ethics and law which rule our lives may be true and right and honest. That the growth of the prominence and dignity of our profession is coexistent with the growth of power and dignity of womanhood and childhood, is, in my opinion, providential. The voice of our power shall be heard in every hall where woman's fate is at issue, and who like we who assist in delivering, in rearing and in nursing the race, can so fully judge of its needs and possibilities? The strength of our concerted action, if concerted it be, shall be great enough to assume the balance of power and that balance may be made to turn to that which is fair and true and right for us as individuals, if we stand in right relationships to womanhood and to the race. Therefore we must have organization in order to secure for ourselves that which is just and true and right, and that we may leave to the coming members of our profession as well as to the coming children of our homes a freedom from handicaps which have bound us down, and a foundation of strength and justice upon which to build a higher and more useful and beautiful superstructure of good health, pure living and good work. To a good nurse, her work stands preëminent in the women's work of the world. How then, may I ask, in the searching light of just self-criticism, does she dare to neglect or leave unused the power that is in her hands. My last word then must be: organize, concentrate, and act, that we may with our gift of knowledge and power, bless the world which we serve.

CONTAGIOUS NURSING IN THE HOME

By NETTIE WOODS GUTHRIE

The care of contagious cases in private homes is quite easy when the patient and nurse can be isolated, with two rooms and bath, and an attendant to wait on the nurse, but as this ideal condition cannot be found in many homes, the next best thing is to select a room as near the bath as possible and on the sunny side of the house. There should be two windows, one open all the time, as it is imperative to have fresh air in the room at all times. The shades should not be drawn as there is no better disinfectant than sunshine. I still cling to the old-fashioned idea of having a sheet kept wet with Platt's chlorides hung at the door. It probably has more value in keeping out visitors than in keeping germs in, hence I consider it quite important. There should always be bare floors which can be wiped up frequently. Dusting should be done with a damp cloth. Paper napkins cut in quarters are good to use for expectoration; these should be put in paper bags and burned along with old pieces of muslin or linen used to wash the mouth. One should be very sure to use the muslin for handkerchiefs.

As the evidence is growing that infection usually comes from persons rather than things, and as all disinfectants stain bedding, the linen should be put in cold water and then steamed. The nurse should wear a surgical apron, a close-fitting cap and rubbers when leaving the room to go through the house. The most important precautions of all for the nurse are good health and fresh air.

In the care of diphtheria, which probably is the most dangerous to care for, there has been discovered a simple skin test by which the susceptible and non-susceptible individual can be determined and an immunizing dose of antitoxin should be given to the susceptible. The nursing of smallpox can be made very safe by vaccination.

In all contagion the utmost care must be taken by using an antiseptic solution in the mouth and nose and very great care must be used in disinfecting the hands. The nurse has an important duty in giving the antiseptic bath to the patient and herself after the disease has disappeared. A most careful soap and water bath followed by a 1–3000 bichloride sponge should be given, followed by a careful shampoo of 1–3000 bichloride. Before the nurse takes her bath she should open all drawers and closets and hang all bedding up, so that all will be thoroughly disinfected. The best results are obtained by using formaldehyde.

CHARACTERISTICS REQUISITE FOR A PRIVATE DUTY NURSE

By ALICE E. DALBEY, R.N.

(Read by Eleanor Lasen)

The writer feels she could embrace all the essential requirements in one word, *tact*, but since you must hear a paper on this subject, she will at least promise a short one.

Preliminary education cannot be too great or too varied. It is best when preceded and combined with a gracious home training. The private duty nurse who has had the advantage of a genial home has an asset which her less fortunate sister will find hard to duplicate, even with a superior literary education. The private duty nurse goes where the home spirit is all-pervading, and she must be on friendly terms with it; also she must go into discordant surroundings, when she must rise above the sordidness and bring as much peace as she may.

It is hard to find a minimum for preliminary education (as we have said there is no maximum). The prescribed curricula of high schools would seem to be a fair minimum, but we all know successful private duty nurses who have not had such educational advantages. However, the point is, would not these same women have been more successful with a better foundation for their work? We all agree that the pupil nurse cannot have too complete an education in her hospital training school. Does any one know of a training school which gives the pupil nurse too much theory and practice? Perhaps all know of schools where the training is not well balanced. Here may we urge a reform on the part of large public hospital training schools, the training school in which the future private duty nurse receives her practical training in wards, only? May there not be some affiliation whereby the women who wish to do private duty work after graduation may receive some special training for it? Too many graduates of large public hospital training schools never enter the private duty field, or only enter it long enough to have an everlasting dislike for it. These same schools usually require a high preliminary education and if their pupils had an opportunity to gain the kind of poise needed in the private home, many of them, as graduates, would turn to private duty work with an enthusiasm which would fast lift our branch of the profession above the mediocre.

The private duty nurse must be adaptable. Her surroundings are rarely the same on any two cases and she must bring into play that first mentioned virtue, *tact*. She must use it up stairs with her patient,

down stairs with the over-wrought family, and oh, how she must overwork it in the kitchen!

A fourth saving grace for the private duty nurse and for every nurse is a keenly but kindly developed sense of humor, the kind of humor which enables one just as quickly to appreciate the joke when it is on one's self. What would we, all of us, have done if the humor of certain situations had not come and rescued our tired, too tautly-strung nerves? Conserve and thereby propagate all the humor which has been given you.

The cultivation of a quiet taste in dress is a most helpful adjunct for the successful nurse. It is sometimes difficult for a patient to reconstruct, favorably, a first unpleasant impression made by the nurse in her street clothes. Be as gay in your garb as suits your fancy except when duty bound.

This next paragraph may be considered a digression from our title, but permit it, please. A diamond ring is a thing of beauty but not when worn with a nurse's uniform, then it becomes a caricature. The same may be said of hair ornaments, fancy collars and brooches, and French-heeled boots.

We have saved for the last the most important and far-reaching characteristic requisite for a successful private duty nurse. It is religion, the kind of religion which makes a nurse say, "I love my work," for in this statement she embodies her love for mankind, without which she will be a miserable failure.

We could go on and on and add virtue to virtue until we had a beautiful dream creature with us, but after all each private duty nurse is only the average woman. If she faithfully uses her talents, she must succeed.

Miss Ott: What are we going to do about nurses who practice without any license and about the new law on the morphine question? You all know that in many cases you furnish a good many of the drugs for the doctors and the patients, and you are supposed to have morphine, from a sixth to a quarter of a grain. The new law will interfere with this matter a little.

Miss Mitchell told of a case in which the physician told her: "Every dose of morphine that you give will have to be recorded. It has to be dated and signed by the physician, otherwise you cannot use it and you are liable to the state law."

Miss Guthrie: "The law in Pasadena must be different from what it is in Philadelphia." She then told of a case in which the doctor had told her to use her own tablets for the patient, saying, "It is the druggist who has to make the reports."

Miss Eldredge: I want to explain that this law could not be different in Philadelphia from what it is in Pasadena. It is a Federal law. I think the first speaker is absolutely accurate, for our nurses in the hospital cannot give one

dose without the order on the record, written before they give it. We have to have a record signed by the nurse and by the doctor and give the name of the patient, the size of the dose and by whom it was prescribed.

MISS MCINTOSH: I destroyed every morphine tablet I had, some time ago. I was informed that there was a five hundred dollar fine if the nurse had morphine in her possession, or any opium.

The chairman, Miss Ott, advised every nurse to write to Washington for a copy of the law, to read it and judge for herself.

MISS SHAW (California): I am in a physician's office and I keep the record of the use of all the drugs that he uses. A nurse can carry morphine if a record is kept of that. It is the morphine in the physician's office, if the physician gives her morphine to carry, but he has to keep a record and he is responsible for every morphine tablet that he gets. When a nurse gets a dose of morphine, she must report the patient's name to the physician so that he can keep his records correct. His record is marked "Morphine for office use."

Following this discussion the committee for the Private Duty Session for the next convention was elected, as follows: Frances M. Ott, chairman, Indiana; Elizabeth E. Golding, New York; Miss Baird; Arabella M. Creech, New Jersey; Mrs. Peterson, Pasadena; Miss McIntosh.

The Private Duty Session was then adjourned and the secretary pro tem read letters of regret from the following honorary members: Mrs. Bayard Cutting, Annie Damer, Mrs. William K. Draper, Mrs. Helen Hartley Jenkins, Mrs. Whitelaw Reid.

TUESDAY MORNING, JUNE 22

SESSION ON BOARDS OF EXAMINERS

LAUDER SUTHERLAND, *Chairman*

Miss Sutherland stated that the discussion of the meeting would be on the clerical work of boards of examiners: headquarters, office equipment, etc., and introduced Miss Riddle of Massachusetts as the first speaker.

MISS RIDDLE: We are not proud of our law, but we do think we have made some gain in the way of administration. The law requires that we examine all who come for examination, providing they are people of good moral character and are vouched for and are twenty-one years of age. The same law holds good in other departments of registration in the state. You understand that Massachusetts is one of the oldest states and has laws that were originally formed for what were then considered the best interests of the whole, and it is very difficult to get these things changed. They believe in Massachusetts that there are a great many self-made people, and when the laws were formed, they did all

they could to provide for them in the best way possible. However, they did leave some provisions in the law which left many things in the hands of the Board of Examiners, and as long as the Board members are conscientious, a good deal can be done. For instance, we have two classes of certificates, so that if one of these people whom we examine, is not regularly trained, but can pass the examination, which sometimes happens, she can have a certificate of registration, but it is different from that of the graduate nurse. An applicant who passes this examination is usually someone who has had to give up her training for some reason or another but is a good student; she has had a good foundation. It is a very frequent thing for these people to come to us for examination, but they usually disappear at the end of the first year and we do not see them again. We have nothing at all to fear from them. As to the place for the headquarters of the Board, in Massachusetts the Board consists of five, all but one appointed by the Governor, and he is, in a way, appointed by the Governor; there are two nurses and two physicians, one being the secretary, who must also be the secretary of the Board of Registration and Medicine. He, of course, is appointed by the Governor also. The other must be the superintendent of a hospital. You can readily see that nurses are in the majority on the Board. We use the same office that the State Board of Registration and Medicine uses, and our name appears on the door just the same as theirs. We have our office in the State House, where all the business is transacted, and where the records are kept. It has been a great advantage to us to have this secretary of the State Board of Registration and Medicine with us, because he brought to us a system which it would have taken us a long time to work up. Then he has had experience in the work of the other Board, and we have applied many of the same methods to ours, of course omitting those which they found were not a practical help. We have had the benefit of their twenty years' experience and it has worked well. So we believe that the office of the State Board of Registration should be in the most central place that can be found. It is convenient, it is the place where all the records are kept and where we meet to transact all of our business, which occurs a certain number of times each year, and it is a good place for nurses to go for information regarding registration and almost anything else. The Board has gathered quite a little reference library and tries to keep track of the applications by nurses so that if a nurse comes in there to make inquiry, she is able to find something. The work is conducted by five people, and we have as help, two clerks, one of whom is ours entirely, and the other is the head clerk who helps with our work and the work of the other Board. I cannot express myself too enthusiastically, upon the wonderful way in which our work there has been treated. We have not only had the help of their system, but we have had the prestige which they had established for themselves in the State House. The secretary has been there since the formation of the other Board; he knows all about the laws which apply to registration of any kind, what to do, and what to avoid, to keep out of litigation. This man is a politician and we have learned from him, not only how to do things, but how not to do things. As long as nurses are in the majority, we think we are safe. We are increasing year by year, in strictness, etc., and in the examination of applicants. We have three examinations a year, and we had something like 175 applicants examined in January, about 250 in April. That practically takes in all the nurses graduating in the state. We have a reciprocity clause, and are willing to reciprocate with other states, but there are only a few states we feel we ought to do that with. We encourage nurses to take the

examination, and this last year we graded them for experience, in ranking, and would add an extra seal to the certificate. Many requests come to us for the questions which are used in our examinations. One of the first votes taken by the Board was that we would not publish our questions, and that is one thing which we learned from the Medical Board. The reason for that is this: there are certain forms of questions which are always used and which it therefore seems natural to use, and if you publish your questions, the applicants know just about the character of the questions. Moreover, the possibility is that six or ten years from now you might want to ask the same questions over again, and if they have been published, you cannot use them. I remember that I stood out quite a little while for the publication of questions, thinking they might be a help to the nurses, but now I believe the other way is the right one. I believe the applicants should rely upon the training and the instruction they have had in their training school, and not on what they can get from questions, journals, etc. In the beginning of our career as a board, we could not very well have practical examinations, but now we have. The Massachusetts General Hospital has opened its doors, and there is sufficient room so that each member of the Board can have a room and carry on its own particular examination.

Miss Cadmus (of New York City): I would like to ask Miss Riddle if she does not think it is of great value to conduct practical examinations?

Miss Riddle: I think I might say the value is somewhat doubtful, and yet it does tell something. For instance, you can only have one thing at a time, and you have 250 people and one day for all, so you can imagine the number of minutes you can give each one. We have arranged it so that if the applicant fails in one or two subjects she can go back and take that particular examination. In my last practical examination, I had a sling and I asked the applicant, What is your number? What is this? She told me, and I said Put it on, and I had a subject there ready for her. You would be surprised how poorly they did it. They did not have any time, you see, to take it off and readjust it. Then there were those who did it like a flash.

Miss Mahoney (of North Dakota): When they have passed the theoretical examination, and did not pass the practical, what then?

Miss Riddle: We only call it one subject.

Mrs. Foy (of Michigan): Our Board is similar to the one Miss Riddle has spoken of. We have three nurses and one physician, who is also the Secretary of the State Board of Health, and of course is appointed by the Governor. We have an office in a building near the capitol building, as the latter seems to be full and there is no room for us. Our inspector has headquarters there and there is a record kept of every applicant that we have examined. There are two parts of the state, the northern and the southern. We hold our examinations twice a year. In the last examination we had about 160 applicants. The help that we have received from our board members is the help that the state inspector gave us, and the clerk of the Board this past year has been one of the physicians, who has also been our secretary. Before that the Secretary of the State Board of Health was our secretary. As to the personnel of the Board, we have three nurses, so we are in the majority, and have felt that there were some things to be thankful for, particularly that a part of the members were physicians, as so much of the work must be politically considered. The question of a whole nurse board and a part physician board is not perhaps altogether bad, at least it is a help with us. We have a practical examination in connection with our examination, and appreci-

ate what Miss Riddle says, as to the great difficulty there is in giving anything like a fair practical examination with so many people. The three nurses on the board give the practical work, the physicians do not, and we give work on different lines as they go through our hands, individually, and we feel it is wise to keep it up. So far we find good comes from it. We get a personal touch with each nurse which we would not be able to get at all when they simply write. Each subject is marked, and a nurse who does not pass a certain subject may have the privilege of coming back and taking her examination on that one subject.

MISS SUTHERLAND: May I ask if that office has been free of charge to you?

MRS. FOY: No, we have paid our rent.

MISS SUTHERLAND: Where are the examinations held?

MRS. FOY: In the different parts of the state.

MISS SUTHERLAND: Do you engage a room?

MRS. FOY: Usually we have held them at one of the hospitals. This last time the hospital in Detroit was not able to give us sufficient space, and we had the roof garden in one of the hotels, and some private rooms for the practical work. One of the large firms that deals in hospital supplies furnished us with everything free of charge for the sake of the advertising.

MISS SUTHERLAND: May we hear from the member of some board that is not so well supplied with office equipment, and a permanent headquarters.

MISS DOYLE (of Oregon): We do not have permanent headquarters, or office equipment and our examinations have been held in two parts of the state, western Oregon and eastern Oregon, in school buildings. We have only held one examination and have not had a practical examination, so we have used the school rooms. Our law does not provide for the payment of any expenses except the expense of the meetings, stationery and such things. I would like to ask how the other laws provide for the payment of other expenses, such as offices and office equipment.

MISS JAMME (of California): We have a fund from which all expenses are paid; twice a year we render a bill and are reimbursed. Georgia's inspector provides her own office in her own home, and when rushed with work, employs an assistant at her own expense. A letter from her gave me to understand that the office was in her own home, and there was no mention made of provision for stationery, or anything of that kind. Evidently there is no stenographer, or clerk.

MISS COLEMAN (reading a report from Rhode Island): "Our headquarters are at the State House, where we have a room with several other nurses, whose regular meetings do not conflict with ours. We have a filing cabinet in that room, one case for our supplies, printed matter, etc. Our examinations are conducted at the State House in the room where all the examining bodies conduct their sessions. We have to arrange with the superintendent concerning the date. We file our applications numerically and alphabetically, and our card index is arranged alphabetically. Everything concerning the applicant is placed in her folder, her tax receipts, receipts for pins, certificate, etc. I have a clerical assistant to attend to the filing of applications after each examination, and the expense for his services goes in with the other expenses of the board."

From Kansas, from the secretary, Miss O'Keefe: Our board is composed of five members, the secretary of the medical examining board, and four registered nurses. The doctor is all alone there. We have no present permanent headquarters, but meet in the large cities of the state for our examinations. My

office equipment consists of desk, typewriter, several chests for papers, supplies, and other regular office furniture. Our registered nurses are there in a record book, which was made especially for us by the state printer, given name, address, name of school from which the nurse graduated. I have no assistant or clerk.

Miss Coleman (Michigan): May I add one word, in reference to headquarters. When I returned to Michigan, to Lansing, as the capital city, I expected the headquarters would always be in Lansing, although I would have liked very much to have had them in Saginaw, but I changed my mind in three months. I found that the proper place for the State Board was at the capital, where all other state boards of registration have their headquarters.

Miss Wilkinson (Washington): All of our funds are under the control of the state and they only allow us what is paid in, so we are not able to maintain headquarters. The examinations are held on each side of the mountains. The Attorney General allows us the privilege of examining the senior nurses.

Miss Chubbock (of Illinois): The nurses are urged by their superiors to take the examinations. I would like to emphasize the fact that the present board feels the permanent location should be in the State Capitol Building. At first the headquarters were in Chicago. A great many people felt that it would be more convenient for a large number of nurses throughout the state, but the present board felt that it should be with the other offices, and we have found that we receive a great deal of help from having the offices in the Capitol Building.

Miss Riddle: We have a good many applications for examinations, before the pupil has completed her time in training, but the applicants are always told they cannot be registered as graduate nurses until they have their diplomas in their hands. We have to be strict, because our law is a little lax, and so we have to make up for it in other ways. On the other hand, we have no difficulty in getting people to come to us for examination. I think every one in the state comes. They must be registered before they can become members of the Massachusetts State Nurses' Association.

Miss Sutherland: I would still like to hear from some member of a board which has not permanent headquarters, and how they manage, if the income is sufficient to pay for the clerk, and how a board without permanent headquarters is managed.

Miss Rommel (Minnesota): We have no permanent place for our headquarters. There was some little discussion when the matter came up as to just where the headquarters should be, but it was finally decided to have them in a large central registry in Minneapolis. It made it convenient for the secretary. In Minnesota, we don't have a large amount of money for doing the work. Our registration fee is only $5.00, and it handicaps us a great deal. It does not enable us to have an inspector, and the board has had to maintain that expense, as it has been absolutely necessary to do some inspecting, although we have no regular inspector, and no regular time for doing the work. It has come largely on the treasurer and the secretary, who each do some private work, and have been able to do some investigating and find out what the hospitals are doing. But we found we were compelled to have a board office at the Central Directory, so many nurses came there for registration, and it was a very great help. I have not been at home for two years and I understand things have changed. The secretary is at a hospital and for her convenience the board office has been moved or is to be moved to the hospital.

Miss Jamme (of California): I feel that California has been particularly

fortunate in coming under the State Board of Health, owing to the organization of the board as it exists in this state. The State Board of Health is composed of seven people and a woman physician is now on the board, the first woman who has ever been on the State Board of Health in California. The organization of the board consists of seven bureaus. Each bureau has a director in charge of the bureau, who is responsible for the conduct of that bureau. We have all the privileges of the State Board of Health: I have my own office, and clerk, and when it is necessary, I have another assistant. Our office equipment is the usual one. We have two typewriting machines, twelve vertical files, an additional file, smaller files, and the library and equipment that goes with an office. This office is located in the capitol in Sacramento, and near our office are those of the Board of Education, the Civil Service Commission, so there is constant communication between the offices on matters pertaining to our work. We keep our files by the original document. We have no particular system. An applicant writes to us and wants to take the examination, she encloses her fee, which is $10. Her letter is numbered. I have a note book in triplicate, white sheet and yellow sheet, and a carbon copy is put between them. I write her name and give her a number and that is the number she is known by throughout. It is the number that is used when she is recommended to the board for her certificate and she has that number throughout, except at the examination, when she is given her own examination number. We have from 1 to 1200 in the first file, and 1200 to 2500 in the second file, they are all filed in the folders also alphabetically. We have 801 in the State of California. If anyone wants to know about Mary Jones, we can find her under her name, and also under her number. Everything pertaining to Mary Jones is put in her folder. We have very careful inspection. The inspector for the State Board of Health looks into our files very carefully, so we are very well checked up. We have a physician's certificate, and a nurse thus finds herself, on passing the examination, registered, and she is sent to the secretary of the State Board of Health to get his certificate. This certificate is rather unusual. It is so small it can be carried about in a card case.

I hope we shall be able to keep these reports in some way, in some definite bureau. I don't know what action can be taken, but this system should be perpetuated. It is a most important step. As Dr. Aked said the other night, "We sow the seed, we don't know where that seed will be reaped."

Miss Lawson (of Ohio): I move that a definite bureau be decided upon to keep the records. Carried.

Miss Jamme: I think this motion should be acted upon at our general session on legislation.

Miss Cadmus (of New York): The work of registration in New York State is conducted under the Regents of the University of the State of New York. The Board of Examiners prepares the questions, both written and practical. The written questions for the papers are submitted to the Education Department. There is a division of this department called the Division of Examiners. An examiner is sent to such places as are signified by the Department. The examinations are held throughout the state, so as to cover it as well as possible. We also have a practical examination, but the written examinations are conducted under the examiner from the department. The papers are sent to the nurse examiner, who marks them, and the practical questions are conducted by them, so you see only the work of conducting the examinations is in the hands of the Department examiner. We record these papers with the secretary of our board. She signs the certificates, and they are issued to the nurses by the department.

In New York City it takes three days to conduct an examination, written in the forenoon, and the practical in the afternoon. Bellevue has kindly opened to us its demonstration room, which is most beautifully equipped, and we hold the practical examinations there. When we have something like twenty-five nurses to be examined, we go two together. Up to twenty, we take it alone. The hospitals open their demonstration rooms to us, and there are always something like 300 or more that take the examinations in New York City.

There are fifteen questions on a paper, ten of which are to be answered. Applicants frequently make the mistake of answering the whole fifteen, then we always take the first ten.

Miss Jamme: Might I say how we have done in California? It is a departure, I think from the regular way. In our organization, as you know, we have only one nurse, and she has the entire responsibility of getting up the examination questions. Of course they are submitted to the Board for approval. Heretofore, the Board has approved almost every question. I sent a circular letter to every superintendent of a training school to forward to me a list of the questions that had been given in her training school for senior nurses, during the last year. From that I could see about the range of the questions that were given. It was most interesting data. We have it on file.

Miss Coleman: What subject have you found the students most deficient in?

Miss Jamme: Dietetics, materia medica, hygiene, and bacteriology.

Miss Currie (of Indiana): Who makes out these examination papers if they only have one nurse on the Board?

Miss Jamme: I make out the questions, and they are sent to the Executive Committee of the State Board of Health. The Executive Committee makes any suggestions and they are then sent to the State Board of Health at the regular meeting, as provided for, and approved at that meeting.

Miss Currie: In the state of Indiana, each examiner has her own subject and we make out all the questions. We have a full board of nurses.

Miss Jamme: Our law has been amended in the last legislature and provides for another board of examiners, which will, through an examining committee, make out all the questions. They will be arranged through three examiners and submitted to the State Board of Health.

Miss Cadmus: In New York each examiner makes out the questions on at least one subject and we meet twice a year to revise these questions.

Miss Jamme: Georgia says that a board of nurses is all right in theory, but it falls short of what it is expected to do. Rejected candidates have felt that they were discriminated against. I think that is a very hard question. I know where examination papers are corrected by number only, the applicant is not known in any way to those on the Board.

Miss Hughes (of Montana): In regard to examining by numbers only, I don't think it has saved us from criticism that we are biased or prejudiced. We have found ourselves in litigation where we have had no idea to whom the papers belonged, because we examined by number only. We lost the case in the lower court, but won it in the Supreme Court.

Miss Coleman: May I give an illustration of this examining by number? We had a rejected applicant who was not recognized by her own superintendent.

Miss Sutherland: It would seem to be a very important thing that the applicant be examined by number only, and not by name.

Miss Currie (of Indiana): I would like to ask how the boards get their money, and if they have more money than they need, what they do with it.

MISS RIDDLE: We have $26,000 to our credit. We cannot collect from this only as we pay our expenses. This is to be used only by our board. It belongs, of course to the state, the expenses of the Board are to be paid out of it.

MISS HUGHES (Montana): We have no seperate inspector at the present time, but have inspection of training schools by the president of the board. We pay $10.00 a day while she is making her tour, which she is able to do in sixteen or seventeen days, once a year.

MISS SUTHERLAND: About how many on the board?

MISS HUGHES: Five registered nurses.

MISS SUTHERLAND: How long do you devote to each school?

MISS HUGHES: That is a hard question to answer. It depends entirely on the school. The inspector last year inspected 87 training schools, she made 132 inspections altogether.

MISS CADMUS: I would like to know the difference of opinion of the members here as to the question of maintaining or keeping an entire nurses' board, and having a mixed board. That is a question that is facing us.

MISS JAMME: I think that question is going to be answered in our next session.

MISS OSBORNE (of Oregon): The salary for our inspector is fixed in our law, and is $4.00 per day and expenses. I find myself the clearing house for all the nurses' troubles. We pay all our own expenses. Our fee is only $5.00.

MISS SQUIRE (of New Jersey): New Jersey has been unable to get any appropriation, but the Board permits us to pay the inspector, and also her traveling expenses.

MISS CADMUS: Our inspector is paid well, I think, $15 a day, and certain expenses, that amount to something like $3 more. Do you consider $10 an exorbitant fee? We only have a fee of $5.

MISS JAMME: I don't think a board can be managed with dignity on less than $10.

MISS COLEMAN: The inspector in our state is given $15 per day and her traveling expenses, while she is away from headquarters. I maintain my own room and pay my own board while in Lansing.

TUESDAY AFTERNOON, JUNE 22

JOINT MEETING OF THE AMERICAN NURSES' ASSOCIATION AND THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

ELLA PHILLIPS CRANDALL, *Presiding*

MISS CRANDALL: The program committee of the three national organizations considered a joint session of nurses represented by these two associations a particularly opportune time to bring before the attention of all a possible next step in the development of district or visiting nursing. As you all know, Florence Nightingale said, years ago, "Nurse the family, nurse the home."

Visiting nursing came as a first response to that injunction and it developed in the care of the individual through short visits and, as far as possible, to look out for the other family needs; but it has gradually become more or less charity service. In a good many parts of the country the nurses are known as charity

nurses, although there have been some associations which from the beginning have studiously avoided that stigma. As a result visiting nursing throughout the country found that it did not meet all the problems of the family that arise because of sickness because in so many instances the work is devoted entirely to those a step below the poverty line. There has been recently a rather firmly-organized protest against this in the form of establishing a new organization representing what is called Household Nursing Service with the express purpose of nursing the family in all its needs and putting all of the work on a business basis. Even of older duration than that has been the effort of individual nurses, without any organization, to do what they called "hourly nursing," in other words to extend the service of the visiting nurse to the families of independent means and even those of large means. We know that sort of nursing is more nearly commensurate with the needs of the household and therefore more dignified than the employment of a resident nurse, who might necessarily waste a good deal of her time. We all believe that hourly nursing would have grown much faster than it has if it had been put on an organized basis and had the opportunity of collective effort and of adequate publicity. Therefore, if in the next few years we should find it possible to bring hourly nurses and private nurses together, who are engaged in their regular duties and visiting nurses to round out a program of home nursing, we would provide for all these needs and the nurses of America would have put to their record one more big contribution to the health protection of the citizens at large. It is for that purpose that we have prepared a program to which we now invite your attention.

HOURLY NURSING

By MARY M. RIDDLE, R.N.

In the early and middle part of the last decade, the women at the heads of the various schools for nurses were much concerned regarding the future of the nursing profession in this country. They saw hospitals large and small springing up all about them; they saw young women in large numbers graduating from these schools and flocking to the various registries to be enrolled as private duty nurses; they saw that the supply was far in excess of the demand; they knew that their graduates were in danger of spending much idle time if wholly dependent upon work secured in the usual way for private patients in their own homes; they discussed the conditions in their meetings and took steps to secure means of relief. The subject so thoroughly engrossed the attention of Diana C. Kimber, then assistant superintendent of nurses, New York City Training School, that in December, 1895, she published a paper in the *Trained Nurse* entitled A New Field of Work for Nurses. In this paper she says she attempted to answer two questions that were then troubling the minds of many of her associates: (1) How shall we provide more work for our graduate nurses? And (2) How shall we provide skilled nursing for people who cannot afford to pay the usual price of the trained nurse?

The first question occupied almost the whole attention of Miss Kimber and the other thoughtful women, because the necessity for meeting the second had not then been fully demonstrated.

The question of providing work for the graduates has been answered largely by the demands of the public health service in its various branches as well as by the increased demands in private duty and institutions; but today the second question is lying heavily upon the minds and hearts of all nurses, physicians and others whose sense of justice is strong and who are interested in the welfare of the great middle class so often declared to be the strength and dependence of our nation. Almost every organization of nurses, every organization of hospital workers, and many purely philanthropic bodies have tried to find its solution, but as yet the problem remains unsolved. The American Hospital Association, through its committee, has spent much time upon it and has given many valuable suggestions, but none of them have quite reached the root of the matter because it would seem that none have reasoned in quite the right direction.

It is noticeable that the women of twenty years ago planned that these people of moderate incomes should have skilled nursing care; not the care to be given by Class B, or Class C, but the best it was possible to secure. The patients were not to be given this gratis but were to pay the price asked. Nearly all other plans, in fact all other plans so far as the writer is aware, provided that the work be done for a lower rate or that some philanthropic body step in and make good to the nurse that portion of her bill which the patient herself was unable to meet, thus causing the patient to be an object of charity with or without her consent.

Much was written and said in those earlier days against the nurse being called upon to find a solution of the problem by lowering her prices, and good and sufficient reasons were given why she should not do so. These same reasons prevail today, but they are now so well understood that no repetition of them is required. The plan proposed by Miss Kimber was that individuals or groups of nurses should arrange to do hourly nursing work and initiate it by preparing a schedule of prices and presenting it to physicians for their consideration, outlining the hours and kinds of work practicable under the scheme. Records say that the nurses' manner of notifying physicians and the public generally was somewhat as follows. Cards were sent out announcing:

VISITING NURSE

Miss —— ——

Graduate of —— Hospital

will care for patients at the following rates:

One to two hours night and morning—$1 per day.
Prepare patients for minor operations and assist—$2 per day.
Remain with patient all night—$2.
Obstetrical patients—be present during labor, six hours or less—$2 and 25 cents additional for every two hours longer up to $5.
Care of patient and baby—two hours daily for one week, $5 additional.
All messages will receive prompt attention.

The scheme was tried in several cities in different parts of the country but seldom met the requirements of both nurse and patient. The patient was not wholly satisfied because she found that she could not always have the nurse just when she most desired her services. The nurse found that she could not make a living wage because she could not take a sufficient number of patients to do so and spend the time required in going from place to place. Moreover, she found that all patients preferred the same hours in the day. A good many of the difficulties have been obviated but others still remain.

It would seem, after interviewing the nurses now doing hourly work, that the majority of them take care of chronic cases almost exclusively for, as one nurse puts it: "We are in favor with the busiest doctors who do not have time, for instance, to dress ulcers day after day." Another said it was profitable, she did it for six or seven years, but her patients were mostly chronics. Another records that she visited several patients daily or on alternate days, made the patient's toilet and made her comfortable for the day, one patient was a paralytic. This nurse also spent a certain number of hours every afternoon for years in relieving a household by caring for its chronic invalid, reading to her, etc.

From the standpoint of the nurse who prefers the care of chronics or at least who is willing to care for them or who does it for the sake of the work, these instances speak of success, but they do not bring skilled nursing care to people with limited incomes. There are many of this class who can think of having the services of a nurse only when acutely ill and in such cases they should be able to secure them. From what has been accomplished in other departments of nursing work it would seem that nurses themselves might take hold of the problem and solve it for the benefit of all concerned.

In the first place doctors and patients, but especially doctors, should understand and teach that much of the time and care given a patient by the nurse is a luxury and unnecessary and should therefore be abolished even from the thoughts of the one whose income does not permit having it. Everybody would do well to lay aside sentiment and deal with the question in a business-like way.

Certainly all kindly-disposed physicians and relatives of the patient would gladly see the sick one have, not only what she requires for com-

fort and restoration to health, but also what would make her happy and enable her to pass the time pleasantly. Certainly also every nurse would gladly work the harder that the physician might be relieved of some of the responsibility or be better able to get his bearings and understandings of the case and get them through her efforts, but it does not seem fair that the patient should pay the whole price for the benefits which are shared by him. Therefore any scheme proposed should eliminate consideration for every one excepting the patient, there being none for the nurse who is the laborer worthy of her hire.

Something might be done toward lessening the demand from all patients for the same hours of the day by a simple adjustment of prices. If, for instance, the early morning hours and certain evening hours are preferred by each patient, they should be the ones for which the highest charge is made, or the nurse should have an understanding with her patients that those having the greatest need would have first consideration. A scale of prices might be arranged with the maximum for the preferred hours and graded down for those which are less and less desirable. It is evident that the sagacious and the lover of a bargain would soon be found choosing the times requiring the least expenditure of money.

Since business is best and most economically done by well organized bodies, and since these are the days of large and successful business enterprises, could not a leaf be taken from the book of the successful business or manufacturing corporation to be studied with care to the end that its principles might be applied to a scheme for furnishing skilled nursing care to people of moderate means?

In these days, almost anyone and everyone, of the class exciting our interest, can have or at least can enjoy an automobile and the question at once arises, How is it possible? It is well known that there are automobiles of varying degrees of ease and luxury and traveling at various rates of speed but it must be admitted that all are comparatively safe, so far as construction is concerned, and all are quite unsafe under certain conditions. Given the medium or low-priced and reasonably safe automobile which is within the reach of this particular class and again the question arises, How can they be made for a price that thus puts them within the reach of all? First of all, the essential features had merit which insured a sound basis for development. Then the returns to individuals were such as to stimulate the best endeavors of every worker. And, finally, the organization was perfected not only that the ever increasing demands might be promptly and efficiently met, but that ways and means might be devised for rendering the best service with the least delay. And so we see an example of modern industry guided

by modern thought and business methods which did not advocate nor practice the idea that each separate part of the machine should be made and put in place by one man, however expert he might be; but it was done in combination by many workers whose efforts all went to furnish the completed whole.

Does it not seem possible that hourly nursing for all kinds and conditions of patients could be made successful by groups of nurses if they combined their interests as well as their forces and essayed to do it upon a large scale, at any time, in any place, and without fear or favor? Visiting nurse associations that undertake this work for people who can pay, in addition to their regular district work among the poor, affirm that they are able to collect enough to make it a paying venture. The patient who is inclined to choose the district nurse rather than employ an hourly nurse, is taught that she may have to accommodate herself somewhat to the convenience of the district nurse, but the hourly nurse may be obtained at any time. For instance, a district nurse is sent to a certain case, but upon seeing the patient she decides that time must be spent in waiting and that she cannot wait; she therefore telephones the home office that an hourly nurse should be sent at such and such a time. The hourly nurse is sent and attends the case as long as nursing care is required; the patient pays her charges and all is well. If the group or combination of nurses can agree among themselves to undertake the work, they should organize an office which should be well attended and able to respond at any hour of the day or night. For this purpose they should choose one of their own number or employ an outsider. Their schedule of prices should be arranged with an idea of fairness to themselves as well as to their patients. The schedule quoted above may have been a good one for 1895, but would require readjustment for present day needs. They should be able to furnish a nurse for all day or all night or both, if the case requires it, stopping such expense immediately when the patient no longer requires the constant care. They would do well to take into their employ a few good attendants to place where the services of the trained nurse are not required and their pay should accord with their work.

Let it be supposed that there are ten nurses one of whom is always in charge of the office and another of whom does the following work:

One to two hours night and morning	$1.50
Prepare a patient for a minor operation and assist at same	2.50
Care for two mothers, two babies, four hours	2.00
Total, nine hours, and	$6.00

Another nurse spends the night with a patient and prepares her for the day	$2.50
Another does for various patients what amounts to	4.50
Total for 3 nurses 1 day	$13.00

Average per nurse, $4.33⅓.

These prices are only illustrative and may not be at all suited to the community. It is not a very large showing perhaps you may say. True, but neither was there a very great amount of work done, the whole number of hours spent was 26 with an average of 8⅔ hours to the nurse. The next day earnings may be and doubtless will be more, but even if the nine nurses should get on an average of $4.33⅓ each, there would be $39 to be divided among them and $39 coming daily into a working family of ten will at least keep the wolf from the door and make possible a certain amount of home life which the average private duty nurse cannot secure. These computations were made to represent small activities and small pay to establish the fact that if the work can be done with profit or at least safety in a small way it can the more easily be done in a large way.

The inventor, the manufacturer, the scholar, the musician, the scientist and even the preacher, are casting about to discover, if possible, the needs of the world that they may straightway furnish aid for them and it is a common saying among business people that if one can supply that which man wants and in the quantities he thinks he needs, one's fortune will be made.

Here we have a demand that has remained unsatisfied these many years; shall it continue so? Is not this great middle class, this class in which we claim kinship, worthy our first thoughts and best efforts? Are there not nurses enough to make a trial for the solution by hourly nursing?

Surely a profession that can furnish members in abundance to risk their lives in fire and flood, or pestilence, or upon foreign fields, can also supply those willing to help save to the world the fathers and mothers of families, the growing sons and daughters and the helpless little children.

The nurses who may be interested in inaugurating the work will naturally inquire as to ways and means of doing so. The first question to arise in their minds will be as to their working capital, or in other words, they will say, What do we require to start with and what next? Since nurses must live somewhere, one might reply that a large or a small group might start it from their own home, the place where they lodge and with very little equipment. A telephone would be necessary from the first, with one of the number always on hand to attend to it

promptly. There must also be courage from the beginning, but it ought not to be difficult to maintain, since there is nothing to lose save a little time. Some business ability, controlled by conscientious principles, must be exercised to keep the scheme before the physicians and their patients as well as to secure their confidence. The group must be mutually congenial and willing to work for the upbuilding of a practice with a clientele that shall be taught to depend upon the group for nursing service, as they do upon their physician for his care and treatment. All should have powers of vision sufficient to enable them to see possibilities for happiness in service and for success in the salvage of human life.

HOUSEHOLD NURSING IN RELATION TO OTHER SIMILAR WORK

By RICHARD M. BRADLEY

(Read by Isabelle Clark)

The non-graduate nurse is not a new discovery. She has been known to history ever since there was any history. She appears in active practice at the time the children of Israel dwelt among the Egyptians thirty-five centuries ago, more or less, and undoubtedly she was at work for as many years more before that date in the dim far-off ages of antiquity. She is a nurse who is the product of the human home, evolved by its human needs. She is still doing probably from 80 to 90 per cent of the nursing work in this country and Canada, and is doing a great deal of it well. In fact, she is still filling some of the vital needs of the home in sickness that have hardly been touched and have been too often ignored by her more trained sisters.

It is for a better adjustment of the relations between her and you graduate nurses that I have to speak, for it is my belief that a proper adjustment of these relations is more important to you even than to her if you are to gain the position in the community that depends upon attaining your full usefulness.

When so many of you are together, women of such ability and character, so full of the splendid work that you are accomplishing, it seems an ungracious thing to point out where you have not succeeded, where you have not been gaining, where, if anything, you seem in danger of losing ground. If this were done in the spirit of petty criticism or fault finding, it would in truth be outrageously ungrateful.

If, however, it is done in the spirit of true sympathy and helpfulness, that is different, and I am sure that it is the spirit which you ex-

pected when you asked me to address you. It is a commander's best friend who tells him, not of his victories but of the points where his line is being weakened and his strength undermined. Therefore I am going to speak to you of your weak point and of how I hope it may be made stronger.

It is perhaps well to get down at once to some practical aspects of the situation by a few typical figures. A canvass covering some ten thousand people was recently made of conditions in sickness in Dutchess County, New York, including the maternity cases in three rural townships and a ward in Poughkeepsie which contained representatives of all classes. Dutchess County is neither poor nor remote, it is on the main line of traffic up the Hudson, halfway between Albany and New York City, and contains the residences of some of the wealthiest people in the country, as well as of many other well-to-do and public spirited people. Poughkeepsie is the home of Vassar College. Its conditions are probably representative of very much that exists elsewhere under conditions less favorable. Maternity cases are also a good test of the nursing facilities of a community, as they seldom represent the unexpected nor is there usually any dispute as to the nature and serious character of the main symptoms. This canvass showed that of the one hundred and thirteen women reached by the canvass who went through childbirth in their homes, only one had the continuous care of a graduate nurse, and only eighteen had any service whatever from graduate visiting nurses. On the other hand, fifty-six had practical nurses, forty-nine of them with continuous care. Though few such canvasses have been made, giving a comprehensive view of the whole nursing situation in a given district, these figures are not given as an original discovery, but merely to typify and bring home this fact that you all know pretty well.

The graduate nurse has won very little grip on the regular nursing work requiring continuous care in the home of the independent people of moderate means who constitute some ninety millions of the population of the United States and Canada. In other directions, such as school work, tuberculosis work and kindred lines, she has made great gains, but in this most important department of her work she has failed to get closer to the people and their needs and there are some indications that she is losing ground. The evidence that has been produced by her friends as to the danger of unskilled nursing has doubtless in the past discouraged many responsible women from becoming practical nurses and service of this kind is in many places doubtless poorer than formerly. Yet the place thus left vacant by the better kind of practical nurse is not being supplied by the graduate and the ordinary family has

been worse off than ever when sickness comes. The vital needs of the people, however, which the graduate has either ignored or failed to supply, have called into being the short-term nurse and the correspondence-school nurse, to supplement the practical nurse and the midwife. There are indications, therefore, if things continue in this line, the graduate will continue to be missing at the bedsides where she is often most needed and that for the great bulk of the people the practical establishment of the high standards that she stands for will be indefinitely postponed. To all these things you are most thoroughly alive, and I feel sure that anything offering any prospect of solution of the difficulty will merit your attention.

We have a possible solution if we can show, as I believe we can, that it is practicable in an ordinary community, without inordinate expense, to give first class nursing to the great bulk of the maternity cases and a corresponding amount of other cases in independent families of moderate means, and if it is found at the same time possible to satisfy those household needs which arise as incidents inseparable to sickness, for we must recognize that the proper meeting of these family needs is an essential part of meeting the emergency of sickness and that it is often the main essential element of the necessary treatment and cure of the case. Lastly, it is an essential part of the solution of our problem to put this work on a financial basis that will enable the plain independent citizen of moderate means to meet his emergencies and fill his needs in a manner consistent with his fundamental idea of self-respect and free from association with dependence and charity.

Now as to how and why we hope to reach this end, first we must open our minds as to exactly what the job is that we have to do. The first essential is to recognize and meet the actual needs of each individual case. Hospital and dispensary social service arose from the fact that an acute mind in our time discovered that the patient was not a one-dimension proposition needing nothing but medical or surgical treatment. He propounded the truth that the patient is a human being with a vast variety of human problems, many of which must be recognized and treated along with the disease if successful results are to be secured.

It does not detract from the value of Dr. Cabot's service to say that the practical nurse, being a product of the home and its needs, made the same discovery some time before the days of Pharoah as to some of the essential problems relating to the patient and the patient's household. She discovered that no true woman could be made comfortable if her household were going to pieces; that to have the cooking and the care of the children properly done was as necessary to the patient's

recovery as the nursing. She also found that in the ordinary small household where continuous care is needed it is a practical impossibility for one woman to specialize on nursing and have somebody else do the other work. She accordingly took hold and did the whole job according to her lights and I venture to say that until some better way is worked out she will be found on the job for another thirty-five centuries, and under her vernacular name and title of nurse.

The modern trained nurse, on the other hand, shortly after she began to train became as a nurse a product, or unfortunately, a by-product, of the hospital, and her weak point, due partly to this one-sided training, has been her one-dimension view of the problems that the family in sickness has to meet. She has in the past in a very large degree consistently ignored the household and family side of the patient's problem, she has too often failed to see that the meeting of that problem is a necessary part of the handling of her case, and that this often cannot be done in the small household by the entire separation of the functions of household work and nursing. She has failed to see that if she does not recognize this fact, somebody else will so recognize it and will act on it. She has her strong points, so strong, so important, so vital, that they obscure the weak side, but there it is none the less.

We all understand what happened when the graduate nurse came into the field of the practical nurse. They did not understand each other, one did not appreciate the needs of the other, they did not cooperate, they practically had no relation. What they did not appreciate was that the whole situation was new to the world and that in time an adjustment must necessarily come that would bring the workers in this field into relations similar to that which exists between different kinds of workers in every other field of human endeavor. Where this change was brought about under my own observation it came naturally from a study of the needs in sickness of a village community, the center of a manufacturing and agricultural population of some ten or twelve thousand made up chiefly of average independent people of moderate means, people who, as a rule, were as free from association with dependence as they were from large surplus incomes.

In this community the visiting nurse and the hospital with its graduates were started and supplied to the fullest extent desired. It was found that while they supplied some vital needs and supplied them well, none the less they left certain other vital needs unsatisfied, and a large amount of trouble and distress still existed for which these agencies alone offered no remedy. A small but representative body of women, consisting largely of housewives, started an organization, the purpose of which was to find out and meet, so far as possible, the needs in sick-

ness that were not met by the accredited means. The executive part of the organization at first consisted of a secretary with a telephone in her home. I have not the space here for more than an outline of the process of evolution. A large amount of work was found needing to be done and it was done by getting hold of and making use of all the practical nurse and household service forces in the community. This work was done at first with very little assistance from graduate nurses.

It was found very soon, however, that the most important questions of nursing, requiring the best technical skill and experience, were inextricably intermingled with these not less important issues of keeping the family machine going during sickness. The growing organization was fortunate in obtaining the services of a graduate superintendent who had the mind and heart to grasp the situation. Under Miss Macleod a system was evolved whereby a supervising graduate nurse does a large part of the necessary work of the community, by means of a squad of household nurses or attendants who work under her, with her assistance and instruction and with that of the organization. Under this arrangement the continuous care and household work is done by the attendant, while the graduate visits regularly and attends to that part of the work that requires her especial skill and knowledge.

This method has been tried in other places of larger size and enough evidence, I think, has been procured to show that it not only becomes recognized as serving a vital need of the people, but that the relation thus brought about between the different kinds of workers for the sick is satisfactory and for the advantage of all parties concerned. I believe that it can be used in most communities where undertaken and carried on by leaders and directors who are women of sufficient caliber, breadth of view and character, to instill into the entire unit the true spirit of service and thus bring about a good working relation between all the workers involved.

The material thus brought into the field of organized service for the sick is of all grades, for in seeking the point where service for the family in sickness is needed, it can often happen that performing some very simple function can release other family service for the benefit of the sick and solve the problem without undue cost.

On the other hand there are non-graduates, women of superior mentality and with valuable life experience, who can be brought into use for the benefit of this work, when their very responsibility and conscientiousness would otherwise keep them out of it. The work that some of these women can do is often most important and most difficult, and the opportunity of accomplishment thereby offered in thus making

the best use of all the forces at hand, gives scope for the best executive abilities of both superintendent and physician.

There is, as you must realize, nothing unusual about this useful association of different kinds of labor in accomplishing work. What has been unusual is the absence of it between the different kinds of nurses in the work of the nursing profession. Should the West Point graduate propound the theory that non-commissioned officers and privates were no longer necessary in the conduct of a campaign, it would be hardly more extraordinary than some of the ideas that have prevailed as to the graduate nurse being the whole thing. She can be the keystone of the arch if she will realize her relation to the other parts, and she can never be until she does realize that relation. The theoretical difficulties vanish, as they always do in practice, when good women get together in the service of the sick and helpless. Moreover, many of the difficulties involved in the official grading, certificating and licensing of various kinds of workers for the sick are largely done away with by organizing the field of operations. A competent matron on the ground, knowing the capabilities of her force and putting the right woman in the right place, will do more to promote competent nursing than many degrees or laws issued in past years and will raise the standard of actual service in a way that will overcome illegitimate competition by giving the best service.

One of the most effective ways to diminish the sum of human sorrow and suffering would be an effective system of service in sickness for the great body of independent people of moderate means. The work that keeps the family together and pulls it through its critical stage, is worth far more than that which tried to do something for the broken fragments when they are reduced to seek charitable aid at the dispensary and the associated charities.

If the nursing profession is to get a true hold on the work of the people, the question must be taken hold of from the point of view of the people's needs. These needs are mainly: first, skilled nursing service where skill is needed. This means continuous service from graduates in critical cases, and graduate's supervision of the nursing and household work done by non-graduate workers. On maternity work it means prenatal visiting, attendance at the labor, and post-natal visiting and supervision, all by the maternity graduate nurse, supplemented, when necessary, by such other organized service from supervised non-graduate workers as the conditions of the individual family require. By this means I think it has been effectively demonstrated that efficiency can be greatly increased and expense diminished.

So much for recognizing and meeting the home needs in sickness, but something more than this is needed. The ordinary citizen requires not only that the physical needs of his family shall be met but that they shall be met in a way consistent with his fundamental ideas of self-respect.

Organized nursing, if it is to serve the people at large, must be divorced from its present intimate association with charity. The public nurse must become known as the people's nurse, not as the pauper's nurse. The question has been covered so fully by Dr. Frankel in his address to you of two years ago that there is little or nothing to add in the matter. I can only say that what little experience there has been in enforcing this separation between organized nursing and the administration of charity has shown that it not only widens the field of graduate nursing but opens out many individual sources of help that are relieved of their responsibility by charity and semi-charity nursing. You will understand that I do not speak here of the few great economic disease spots with their thousands living below the line of proper subsistence, but of the problem of the people at large. I am speaking of the work to be done for the great body of independent people.

There remains, however, the fact that this nursing service is emergency service, imposing large and unexpected expense unevenly distributed among our ninety millions who have not a large surplus; so do fires, death and accidents, and for these things we insure. Until we establish some simple and effective system of nursing insurance, somewhat similar to what has long existed in England, by means of benefit payments through the parish and village systems of nursing, our organized nursing system will always fall short of its potential usefulness. With such a system it should be possible to reach, with the kind of service required, and on the required basis of civic equality, almost every home in the country.

Time and space are lacking to give anything but a few basic ideas and the barest outline of how I believe the field of usefulness for your profession can be almost indefinitely expanded.

A small bureau has been formed, at my address in Boston, to collect and distribute information on the subject. A few experimental demonstrations have been organized to collect a body of practical experience on the subject. In the larger places where visiting work has been highly developed, the work for continuous care of maternity and other cases by graduate supervision with non-graduate workers has been specialized as a work by itself. For smaller places the natural development seems to be a health center, where the school nurse, the visiting nurse and the maternity nurse who supervises the attendants, can work as a team and

form one health center under one head. An exhibit has been prepared for this meeting showing, as far as possible, what is being done and how it is done, and for this I bespeak your attention. I also ask for your criticism and experience and help in the future, for the ground has hardly been scratched. It seems to me I might almost say a whole continent lies before you, where there is room for all who have the pioneer spirit. The study of the needs of different places has indicated that individual localities, as well as individual homes, require different kinds of treatment resulting from the study of their prevailing requirements, and I believe the need of the practical nurse is much greater in some districts than in others. There are, however, some of your profession who, I find, can go into any locality and perceive no need of anything but graduate nurses. With these it is not a matter of method but of mental attitude. Once let that mental attitude be changed, and methods are likely to regulate themselves. Of the rest of you I ask that you open your minds and hearts to the practical nurse and to her problem which is also your problem. Of those of you who are teachers of nursing, I ask that you consider seriously turning out a graduate whose idea it shall be to go into a new locality, gather together all the forces for the help of the sick and be the friend, helper and leader of every good woman who is laboring in that field. Tell her also that she not only has something to teach but something to learn from the women who, to the best of their ability, have stood by their friends and neighbors in their need and have learned in the school of life what the family problem in sickness is. The graduate nurse who has the mind and spirit for public nursing has need of the strong hands and willing mind of the good practical nurse if she is to accomplish the people's work. The practical nurse has need of the graduate as her guide, counsellor and friend. The helpless, the sick and the suffering have need of them both working in coöperation in the homes of all the people.

THE POSSIBLE AMALGAMATION OF VISITING, HOURLY AND HOUSEHOLD NURSING

By MRS. JOHN H. LOWMAN

(Read by Ella Phillips Crandall)

I thank you very much for the opportunity which you are giving me to express the view of an associate member of the National Organization for Public Health Nursing of the need for a more general distribution of the benefits of skilled nursing care for the sick in their homes and I am glad that this organization makes it easy for laymen and nurses to take

counsel with one another at these annual conferences, since their experience in the practical domain of public health work must inevitably be shared in common. They need one another in consultation, as well as in practice, and ought to strive seriously together toward a better understanding of the whole problem of public health nursing in its relation to the home care and education of persons in all walks and classes of life, without distinction or difference. It is a very significant fact that visiting nurse organizations in this country employ hospital graduates, rather than women of uncertain standing and unvouched-for acquirements. Even twenty-five years ago the early associations were impeccable on this point, and the tradition has remained intact. A group of persons which makes itself responsible for the welfare of the sick and for the wise expenditure of funds held in trust will, of course, use every means in its power to select its agents wisely. Then again, such a group does not feel the pinch of the private purse or the hurry and anxiety of personal affairs, it is in a measure detached from the very things that confuse and distort the judgment. Moreover, such a group of people always employs a woman of high professional training to assume charge of technical nursing matters and therefore acts with a corporate wisdom sometimes at variance with the knowledge that its individual members may possess on these same matters. The key note of its conduct is responsibility, painstakingly carried and accounted for. It therefore seems to me that such groups of responsible citizens are peculiarly qualified to help in the work of extending a well-regulated nursing service to a very much larger number of people than are now being reached by individual nurses; and this conference of nurses and laymen gives the opportunity needed for a full and free discussion of this subject in all its bearings.

In Mr. Bradley's earnest efforts to organize bureaus for the support of nursing on a moderate fee basis, we have abundant proof that a layman's eye has seen what the accustomed eye has too long overlooked and that is, the need and right of persons of moderate income for more consideration at the hands of society as a whole than they have hitherto received. The question now is, of course, how we can best meet this need and what compromises and combinations must be effected in order to remedy a system of nursing which unconsciously has organized itself to provide home care more especially for the needs of the rich and of the poor, somewhat to the detriment of the intervening classes. It is not surprising that conditions should be as they are, because the very rich and the very poor have always captured the imagination and the interest of the public. Whether they will or no, it is they whose deeds and attitudes appear in flaming headlines in the press and whose extravagant

disorders or cruel necessities supply the note of dramatic interest which insures to them the leading parts on the world's stage. What could be more natural than that the great masses of steady toilers should be protected by their own quiet routine industry from the quips and pranks which fortune loves to play upon leaders and stragglers alike? The rear and the van are exposed to dangers and vicissitudes which the solid ranks between are usually more likely to escape. However, there is something not altogether healthy about our attitude toward such facts and events in life as afford us sensational excitement, and it seems to many persons that the time has certainly come to think more earnestly of modern society in relation to its protection of the sober, industrious, average householder.

Of course, lying back of the entire problem as far as the nurse is concerned, is the necessity of receiving adequate compensation for the skill she has acquired and this compensation, under the existing state of things, she can receive only through individuals who retain her in their personal service, or through groups of individuals who engage her to nurse other persons and who pay her from funds subscribed at their solicitation, or through still other groups of persons who represent state, city or town governments and who pay her from the collective treasure of our taxes. Heretofore, neither of these two latter collective systems for furnishing nurses has seemed to be available for the self-respecting family, which pays its way and foregoes all thought of luxury, expecially luxury at the expense of other people. Thus the rich, and their dependants, the poor, have involuntarily entered into an arrangement by which the comforts and luxuries of skilled nursing service are provided either as a gift, or at a nominal figure to people who are either very poor or in danger of becoming so, while the great bulk of the nation is at the mercy of such unskilled care as, under our faulty system, small purses command. All this Mr. Bradley has very eloquently set forth, as have also Dr. Frankel, Mr. Hoffman and others who have looked at medical and nursing care in their relation to the general public health.

In order to meet the need of people of moderate incomes, are we to increase the quantity of nurses at the expense of the quality of standard; or are we to increase the number of really skilled women, and at the same time train an army of responsible "assistants" to relieve them of such offices as do not require technical skill to perform, thus enabling the graduate nurse to give supervisory care to many homes when she normally would care for one person only? The plan for working out a satisfactory program of this kind must, of course, be left to persons who are cognizant of the many and varied facts involved and the changes which will have to be made to meet the extension of service without

sacrificing to it any of the valuable standards which time and disinterested efforts have secured for the graduate nurse.

The requirements of nursing education are very little understood by the public in general, and when there is illness in a family the question of the family budget is necessarily uppermost when it comes to the selection of some one to give nursing care. I have frequently noticed that only the most thoughtful members of the medical profession realize the value of highly-skilled sick-room care in the interim of their visits; so that, between the indifferent or hazy attitude of mind of the physician and the desire on the part of the family not to exceed an expenditure commensurate with its funds, all kinds of young persons in white aprons and hospital caps pass muster as nurses and are frequently left in positions where the gravest responsibility rests upon them.

In former times when a member of the family, a friend or neighbor cared for the sick, equally grave responsibilities had to be met by inexperienced persons; but under this system several dangers were obviated which now, unfortunately, exist; the attending physician was at least under no illusions concerning the degree of skill possessed by the interim caretaker, and the caretaker herself was not possessed of the degree of knowledge qualified by sages as a dangerous thing. Her services were given voluntarily, from a feeling of friendship and an earnest desire to help the sufferer, and this ensured the performance of the duty to the best of her ability, however small or great that might be; whereas in the case of a partially trained woman who is earning her living by such work, there is no similar guarantee of honesty and painstaking effort. Moreover, since the public remains so unaware of the basic facts concerning the education of nurses and the importance of a recognized and accepted standard for such work, the average person will often find himself paying three-quarters as much, or even as much for an untrained nurse as for one who has complied with the requirements of a thorough nursing training. When it is a question of gold or silver we demand the number of carats or the mark of sterling. We insist upon knowing the degree of alloy before we make our payment. Such precautions, if valuable in the estimation of material products, ought to be doubly necessary in the protection of human relationships, especially such relationships as are entered into on the so-called business basis. Nothing, however, could be much more unbusiness-like than the proceedings which often mark the selection of the quality and price of bedside care for the sick.

I am reminded, as I write, of one of the Binet tests addressed to school children. "What is a mother," is the question which I have in mind, and the answer is supposed to reveal enlightenment or confusion in the

mental processes of the child addressed. I think that the question, "What is a nurse?" if asked of the average adult, would perhaps explain many of the difficulties which stand in the way of establishing a recognized standard of skilled and responsible nursing care.

However, this is a digression from the point at issue, though one which it is only too natural to make, considering how intimately the question of the degree of training and compensation for service are bound up in the plan of placing good home care for the sick within the reach of a very much larger number of people than have heretofore enjoyed it. Curiously enough, we have all come to consider hospital care in sickness as something which none need feel ashamed to avail himself of, each according to his need and purse. Hospitals receive subscriptions, they are managed by Boards of Trustees, they are called philanthropic institutions, they appeal constantly for funds and are constantly before the public in the most conspicuous of rôles, yet the independent classes are eager to enjoy their benefits. All kinds of provision are made within hospital walls for all kinds of people. The dependant classes are cared for outright at the expense of kind-hearted contributors to the hospital's fund, and are cared for in the open wards, though, for that matter, persons who have a small competence and who can and do pay a nominal sum for their own care lie side by side with those who can contribute nothing. Persons who can pay a moderate sum have a bed in a room which perhaps contains four, six, or even ten beds; while persons who can pay somewhat more have single rooms to themselves, modest, it is true, but essentially private. Next come the quarters reserved for larger purses, and these vary in kind and degree till we come to fairly luxurious suites of rooms with baths and other accustomed luxuries. According to the amount of money paid, the patient has the attendance common to the hospital, or special attendance; and the rich feel that by paying for their own care they are helping to support the patients in the open ward.

One point stands out clearly, however, and that is that skilled care and attention are given to every patient alike and that adequate, responsible supervision preserves and maintains a standard of excellence. The undergraduate nurses who, in the hospital, must also care for the sick in order to learn to be well-trained nurses, are under the immediate supervision of their superiors in skill and are, in truth, privates in well-officered ranks. We have grown accustomed to the idea of the hospital. It is firmly entrenched in our system and its right to serve the interests of the rich, less rich, poor and dependant classes of society alike is not disputed, nor does any stigma attach itself to anyone who puts himself under such care. However, in the very nature of things it is not pos-

sible to provide hospital beds for all sick people, nor would it be possible for all sick people to use them should they be so provided. Indeed, complete hospital provision for sickness would be a very costly matter for society to provide or maintain. Even the poor can, if cared for at home, contribute something toward their own maintenance or, if not, their family members, relatives, or affiliated organizations provide a part of the expense. The roof to cover the man, his food, his light, heat, bed, bedding and some bedside care are usually to be furnished in his own environment. The cause for sickness is likewise more easily discovered in the man's own surroundings and, moreover, he does not so completely lose his touch and hold on life as "he has to live it" if he can get well in his own home. Even though hospital care is the ideal care for disease, it sometimes is not so good for disease plus the man, as he difficult spot to which he is acclimated and whose privations and discomforts, even in illness, preserve in him an immunity to subsequent hardships. I am not decrying in any way the hospitals, we can never have as many of them as we need, no matter what our effort; but since the greater number of people by far will be born and will die under their own or another's private roof, let us be glad that some advantages may be found for this natural system also.

To return to the consideration of the nursing care of the sick in their homes, we feel that the care of families of all incomes and all classes could be worked out in a way to meet a more general need for good service in time of illness. It will be necessary, however, to remember that only the best nursing service is fit for serious or acute illness, no matter what the income or the calling of the persons cared for. Miss Crandall made this point very clear to me when I first became interested in the subject. I have not forgotten the feeling which came to me in reading her words. It was as though light had been made, when only half light was before.

And now, before proceeding further with this paper, I want to tell you of an experience which I had in Washington at the time of the International Tuberculosis Congress. Quite a number of people were invited together to dinner at a Country Club in the environs of the city, and among the guests was the wife of a very distinguished European delegate to the Congress. She said to me on this occasion: "Why are we asked for dinner at such a distance, when it could have been arranged for at easy walking distance? You make it so difficult in America for people who have not much money to spend. However," she added, "a little group of us have clubbed together and we have engaged an automobile."

Now perhaps this basis is the basis on which individuals of the smaller purses can meet without sacrificing their independence; the clubbing together, or wholesale basis. And this principle, of course, would operate equally in the case of the nurse. She would be able to work for a somewhat smaller salary could she be guaranteed work for the entire year round, with a vacation period and insurance against accident and illness, than if she stood alone as an individual against the changes and chances of life. I can hear some who will cry out against this as a pernicious recommendation, as an endeavor to cheapen the cost of nursing service, but such is in no sense my idea. I would not have this yearly salary less than the best that a good nurse could make. As for long periods of personal nursing service in the houses of rich people, there will always be enough of such cases to keep busy all nurses who wish for such work.

A change, however, is taking place in nursing and many nurses now desire the interest and freedom and larger life which participation in municipal and other forms of public health nursing affords them. The human side of the question draws them into many by-paths and they find that not only must they nurse the sick, but that they must instruct the well, they must help hunt out causes and must work in many ways toward the upbuilding of health. Whoever glances up at a crowd of persons walking along a city's streets will be impressed by the lack of vigor and healthfulness which one feels should be a more general possession of the race. Indeed, one is often truly shocked by the evident signs of ill-health which are everywhere apparent. If we should see a basketful of turnips or potatoes or radishes as weazened, scrawny, flabby and generally poor as the forms and faces which pour out of the theatres around us on the afternoon of a matinée, we should ask what soil and what gardener could be responsible for such an output. But there is something about the spirit and purpose of man which so transcends his physical incorporation that in his case we are blinded to much that would make us give heed if we were to encounter it in any of the lower orders of life. Nevertheless, the spirit and purpose would give much more light if wick and lamp and oil were of better quality, and surely a day must come when the thing that stares us in the face will make itself seen—and that is, the altogether senseless prevalence of feeble people in feeble bodies. Among those who are to bear an increasingly large part in the work of health upbuilding are nurses. In order to do this worthily they must enter all classes of society, they must teach, exhort, demonstrate; they must try with line upon line, precept upon precept to inculcate into the minds of as many people as

they can reach the principles which will make health a familiar presence among us. And, since the so-called middle classes are the bulwark of every nation, the nurses should go freely to them, teaching and showing the way to healthier, sounder living.

If a young woman in the highest economic level of society has a child, her physician instructs her painstakingly as to its physical care; he also provides her with a highly trained nurse, who takes really wonderful care of the baby, so that it grows sound and healthy and strong, like a vigorous plant. Sleep, food, air, times for exercise and times for rest are all duly proportioned to the needs of the babe. When the nurse leaves, the mother almost automatically carries on the system, or teaches it to another. Not so with the child whose hours for sleep and food are irregular, who is taken into the crowded company of adults in shops, in cars, to entertainments of various kinds, who eats candy, cake and popped corn just in time to spoil the next meal, whose warm wraps are not removed in overheated vehicles and who expiates in countless ways, during most of his waking hours, the heedlessness and ignorance of the mother who herself has never been taught the simple rules which govern a human mechanism. Nurses should enter tens of thousands of homes with instruction, advice and care which are now closed to them because no way has yet been devised to reach the hundreds of thousands of persons who need careful, painstaking service of an educational kind.

"Nurse the home," Florence Nightingale said; and this command to nurses reminds me of the definition of the word "classic" which was given me many years ago, "That which is eternally young." Truly, the expression "Nurse the home" is as imperative and as much needed today as in Miss Nightingale's time.

As far as I can see, all the various bureaus for nursing which are now trying to make nursing care available to larger groups of people than have hitherto been served are, in one way or another, subsidized; indeed, most of them are quite openly so. The overhead expense seems to be met through membership in the plan, through an employment fee levied on the nurse's salary, and in various other ways. Thus far I cannot see any principle of coherence and settled standard which would protect the plan of household nursing bureaus from such dangers and pitfalls as communities and individuals might unwittingly lead it into. It seems to me that it ought to be worked out in a way by which a strong, national, conservative body of principles could be established and maintained. The idea of reaching all kinds and conditions of men with a nursing service which shall consist of a vast army of practical, reliable, nurses' assistants, officered by highly skilled nurses, is a great ideal, a great army of privates, with a proportionate number of officers and mil-

lions of persons reached instead of hundreds of thousands. The scheme, as I say, is a large one, but for that very reason it must radiate from a small body of clearly defined and well acknowledged principles. In the first place we must all as yet admit the subsidy, for subsidy there is in every case; and, indeed, I cannot see why we should be ashamed of the principle involved in subsidy. The richest man's son or daughter cannot escape attending a college which has an endowment and, indeed, can't begin to pay for his or her tuition, no matter what his will to do so. Few of us look askance at public schools, public libraries, police protection, garbage removal, city lighting, or any of the many other forms of protection which our collective taxes or private endowments afford us. Some persons think that city nurses will in time be accepted without question in the households of all tax payers. This may be so, but the time seems far off when we could supply the demand for a great increase in the nursing staff of our large cities. However, as I said, in all these systems I fail to find that the householder pays the entire expense of his nursing care, since such care does not pay for cost of supervision and overhead charges and, indeed, if the householder's fee paid for all of these he still would be indebted to the organization, for unless a profit of some kind is made the system is essentially philanthropic. To operate without profit is only one degree less philanthropic than to operate with a deficit.

The only really straight business proposition which I have heard of in this line is the hourly nursing service of the New York Nurse's Registry. These nurses, through combination and coöperation, have apparently fixed upon a moderate scale of charges which yields them a profit, while still enabling them to extend the benefits of trained nursing to many persons who heretofore have not been able to secure such service. I cannot see any way to give a wide extension to a general nursing service which shall serve all kinds of people alike, as does a hospital, except in an associational form which shall provide both for continuous and visiting nursing in the home, the word 'visiting' in this sense meaning, of course, visiting in contradistinction to resident. And since, without a miracle like that of the loaves and fishes, hospital graduates cannot take care of more than a small part of the illness in so vast a country, it should be their duty and their privilege to see to it that they have responsible assistants to work not only under their supervision, but to a certain extent under their jurisdiction. If they offer to these assistants their protection they must also exact, or at least expect from them, loyalty.

For my own part I cannot see why an old and well established Visiting Nurse Association and a strong Graduate Nurses' Association,

both operating together in the same city on a joint committee, could not work out a safe and practical system by which nursing service could be immeasurably extended in its scope and an assistant nursing service kept within its legitimate bounds of usefulness. I have in mind two distinct organizations of this character. These associations already have behind them the traditions and force of firmly-established institutions; they embody the highest ideals of the nursing profession, together with the spirit of self-sacrificing service which has made the visiting nurse a power in the land; and their organization is built upon firm foundations of settled and acknowledged principles. The expenditure of time, energy and money which is always required to build up any new institution has been fully and ungrudgingly paid in the past by them, together with the debt which every new endeavor exacts from inexperience. The way now lies open before them to turn the abundance of their rich experience into new channels of service and helpfulness. Behind these two bodies stand strong, conservative groups of citizens who have grown with the growth of these organizations and are an integral part of them and who, from long experience, have also learned somewhat of the difficulties as well as the incentives to action which accompany the extension of any work. These groups of laymen and nurses can, I am sure, mutually help, support and stand by one another until a system of nursing which shall include in its scope all classes of society can be evolved along the broad and generous lines now indicated to us at each of the national meetings, by persons who, standing outside of the profession of nursing, have seen the greatness of the land which you, as nurses, can enter into and possess.

STANDARDS IN VISITING NURSE WORK

By LEE K. FRANKEL, Ph.D.

Before we can determine the value of nursing service, we have to find out whether we have actually set up standards. The day is gone when it is necessary to offer apologies for visiting nurses. This form of activity is today well recognized as an important factor in the improvement of health conditions. Beginning as a philanthrophy primarily for bringing medical service into the homes of the poor, visiting nursing has evolved by leaps and bounds until today the visiting nurse is used not only as a philanthropic measure but by health officers in the health work of their respective communities, by private organizations engaged in the prevention of disease, by industrial establishments to enable them to properly care for their employees and by insurance companies to promote the physical welfare of their policy holders.

With the development of visiting nurse work, there have come certain responsibilities. Not the least of these is a necessity for a careful accounting of the work done. The health officer must know the result which he has obtained through the service of the visiting nurse so that he may make an intelligent presentation of the subject in his attempt to secure municipal or state funds. The private society or organization which utilizes the nurse today, like any other philanthropic organization is held to an accounting to its contributors and, finally, the insurance company, responsible to the public and to its constituency, must know in appropriating policy holders' funds in work of this kind, whether the results obtained are commensurate with the outlay involved and whether insurance commissioners, who periodically examine the accounts of insurance companies, will give the stamp of approval to the expenditure of policy holders' savings along lines which apparently do not come directly within the purview of insurance.

The purpose of this paper is to present to you certain facts regarding visiting nurse work which may have come within our experience as a result of the service we are giving to policy holders in the United States and Canada. It has been our effort from the beginning to compile records from which it might be possible to determine whether the results obtained justified a continuation of this work. The statistics which we obtained in the earlier years, particularly in the years 1911 and 1912, were somewhat unsatisfactory by reason of the fact that nursing associations and visiting nurses generally had not yet learned the necessity of carefully recording both the medical and social facts of the cases which they nursed. It is for this reason that we have insistently dwelt upon the necessity of having a uniform system of records and that the important facts on these records, such as diagnosis, condition on discharge, etc., should be carefully noted. It is gratifying to be able to report at this time the marked improvement in the records which are sent to us. The statistical tables which I shall distribute this afternoon will show a relatively small number of cases which it has been necessary for us to classify under the caption "Unknown." It is our hope that when the necessity for careful tabulation is thoroughly realized by all nurses, even this small percentage can be eliminated.

The basis of my paper this afternoon will be the two tables which I am submitting herewith. The first is a record of the principal diseases and conditions nursed in twelve important cities in the United States. These cities are Boston, Baltimore, Brooklyn, Buffalo, Chicago, Cincinnati, Cleveland, Manhattan and Bronx Boroughs of New York City, Philadelphia, Providence, St. Louis and Washington. They represent a total of 31,482 cases, to whom 237,370 visits were made in the year

1914. All of these associations are well known, many of them of long standing, all of them under competent management. The fundamental principles of visiting nursing are recognized by all these associations and I think you will agree with me that the twelve cities mentioned are typical of the best nursing service known to us in this country. The results which are shown on this chart will, therefore, to my mind, set up a standard for other organizations and will indicate the resultant of what is admittedly the best nursing practice.

It is impossible in this paper to go very far in analyzing the data herewith presented. I have had these figures before me repeatedly and have studied them for weeks and yet each time I look at them, I find some new fact, some new relation of disease to other conditions, some peculiar relation between the number of visits and the condition of discharge, which I had not noticed before. All that I shall attempt to do today is to analyze some of the more significant facts which are brought out in this study. I cannot help but feel that it is a distinct contribution to the literature of visiting nursing and it is my hope that the data submitted may be the basis of similar studies in the future.

Age period. The value of visiting nurse service as an aid in life conservation will depend very much upon reaching those classes of the population who are still at the younger ages and who for this reason have a better expectancy of life. Our statistics show quite clearly that these groups are being reached. Of the total cases 34.7 per cent nursed were under twenty years of age and 72.2 per cent under forty years of age. These averages seem to run fairly consistently for the twelve cities under review. The New York figures show, for example, that 45.5 per cent of the patients nursed were under twenty years of age; Brooklyn, 46.3 per cent; Chicago, 42.2 per cent; Philadelphia, 26.1 per cent; Baltimore, 33.8 per cent; Boston, 35.1 per cent. Brooklyn shows the highest percentage and Philadelphia the least. It is probable that these percentages follow closely the age distribution in the population.

Sex distribution. The average for the twelve cities shows that 67.1 per cent of the total cases are white females, 21.3 per cent white males, 9.8 per cent colored females and 1.8 per cent colored males. The data obtained bring out an interesting fact and probably one well worthy of consideration. The sex distribution unquestionably does not follow the distribution in the population. It may be argued, since this is a selected class, sex distribution follows the distribution of policy holders, but this likewise is not a fact. Two explanations might be offered for the apparently large number of white females nursed. First: That there is relatively more sickness, and second, that the advantages of

visiting nurse work have not yet been fully brought home to the men of our Industrial Department. Probably when the real cause is found, it will be seen that the excess of white females is due to the particular attention that has been given by visiting nurse associations in the care of maternity cases. There is food for thought, however, in the possibilities of educational work on the part of nursing associations to attempt to extend their activities not only to the female but to the male population as well.

Average visits per case. The record of the twelve cities investigated shows an average of 7.5 visits per case for all diseases and conditions. When analyzed along particular conditions, we find that the average ranges from 2.3 visits per patient for "colds," coryza and rhinitis to 14 visits per patient for cancer and other malignant tumors. The practice of the nursing associations is very clearly brought out when, in connection with the average visits per case, we consider the average nursing days per case. It appears from the data that in cases of typhoid fever, to which an average of 13.4 visits per case were made, the duration of the nursing service was 17.9 days, or one visit on the average in 1.3 days. On the other hand in pulmonary tuberculosis, where the average number of visits per case was 11.6 the duration of the nursing service was 87.5 days, or an average of one visit every 7.5 days. If it be remembered that these figures show the actual experience of twelve cities, it may probably be stated that the data herewith given may well be accepted as standards for the guidance of other organizations and associations.

Condition on discharge. The statistical table which I have submitted shows that 10,505 out of 31,482 cases treated, or 34.1 per cent, were discharged as recovered; 43 per cent were discharged as improved; 17.6 per cent were discharged as unimproved and 5.3 per cent died. The value of these particular averages will be considered later in a discussion of the data submitted by some of the individual associations included in this study. I may say here that probably of all of the data submitted on the records sent to us by the nursing associations, the condition on discharge has been the most difficult to determine accurately and will probably give cause for discussion as to accuracy.

Cases nursed with physician in attendance. You will note in Chart Number 1 that only 76.2 per cent of the total cases referred were cases which were nursed with a physician in attendance. In part, this is an arbitrary classification which we have been compelled to make by reason of certain limitations of our nursing service. In a service as extensive as ours, it has been impossible to eliminate entirely the reference of ases which require no nursing and of patients who have no physician,

the latter under our rules not being entitled to more than the initial visit on the part of the nurse. Of the total cases not included under the above caption of "Cases nursed with physician in attendance," 5.4 per cent were nursed without a physician in attendance. This does not necessarily mean that our rule with respect to the physician has been violated. It means, as stated above, that an initial visit was paid. On the other hand, it does appear that 10.5 per cent were not nursed, although a physician was in attendance. Our study of this particular group leads us to believe that many of these cases were brought to the attention of the nurse either too late to be of service or the illness was of such minor character as not to require nursing. Of the patients referred 4.9 per cent were not nursed for the reason that there was no physician. This requires no further explanation as under the rules of the nursing service, attention could not be given. 3 per cent of the cases were eventually found not to be policy holders of the company.

In order to bring out the value of these statistics, I am submitting to you Table 2, which shows the analysis of six of the cities included under Table 1. Some of the data brought out in this analysis are exceedingly significant and I am submitting it to you without comment or criticism. I am sure it is your desire, as well as mine, to obtain authentic and accurate information regarding the character of the work done by the nursing associations generally, so that eventually it may be possible for us to set up definite standards. I have referred above to variations in certain cities in the age and sex distribution. Let us now analyze some of the other important facts connected with the associations in question.

If you will follow Table 2, you will see that the average number of visits per case for the twelve cities in question was 7.5. The Henry Street Settlement of New York City shows a maximum of 8.5 visits per case; the Baltimore association a minimum of 5.5 visits. Contrasted with this, New York shows a minimum of nursing days per case, namely: 12.6 days; and Baltimore a maximum of 36 days per case. The interpretation of these figures leads to the belief that the practice of the New York association is to work as intensively as possible with visits at frequent intervals. Baltimore on the other hand shows an interval of 6.5 days between visits. Brooklyn, Chicago and Philadelphia approximate each other very closely in the number of visits per case—Brooklyn having 6.9 visits and Chicago and Philadelphia 6.8 visits. On the other hand, both Brooklyn and Chicago show 20.1 and 20.2 days of nursing care per case, whereas Philadelphia shows only 15.2 days.

When we come to study the condition on discharge, we find an even

more interesting and more illuminating set of figures. New York again stands at the top with a record of recovered cases of 56.8 per cent. Boston shows only 13.2 per cent cases recovered. To anyone knowing the method of work of these two organizations, it must be apparent that this marked difference in the number of patients who have recovered is not due to better or poorer work on the part of either organization, but evidently to the fact that the two organizations have set up different standards in determining what are "recovered," "improved" and "unimproved" cases. If the other four cities were taken into consideration in this particular classification, it will be seen that there is similarly a wide variation between Brooklyn which shows 37.2 per cent of cases recovered, Chicago which shows 23.3 per cent, Philadelphia which shows 27.6 per cent and Baltimore which shows 25.7 per cent.

Standard nomenclature necessary. I am inclined to believe from these figures that the time has come either to set up a new nomenclature to describe the condition on discharge, or else to more clearly define the terms at present used, such as "recovered," "improved" and "unimproved." It seems quite clear that in the use of these terms, there is a wide difference of opinion. May I suggest that the Organization for Public Health Nursing give careful consideration to this matter, particularly as to the desirability of appointing a special committee on standards of nomenclature and classification.

When we consider the percentage of dead among cases nursed, we find a variation ranging from 5.9 per cent in the case of New York, to 4 per cent in the case of Boston. The variation in part may be explained by different conditions in the respective cities and the possibility of a higher mortality in one city than in the other. On the other hand, it is interesting to note that the city which has given the largest number of visits per case and shows the highest percentage of cases recovered, should have the highest lethal rate,* whereas the city with the smallest percentage of cases recovered should have the smallest lethal rate. These facts bring out matters for your consideration as I suggested above. At the present moment, it is difficult to give satisfactory explanation for these differences by reason of the belief that different standards have been used in recording the facts.

The percentage of dead to the cases nursed brings up another thought. It is more than probable that each association has recorded the actual deaths occurring during the continuance of service. Certain cities to which I will advert later show very clearly that many of the serious cases which are cared for by nursing associations are transferred

* Number of deaths per 100 cases treated.

to institutions, particularly to hospitals, subsequently die there. Would it not be a desirable thing for the purpose of more accurate statistics if the nursing associations were to follow up these cases to determine whether the patients lived or died? It will be seen from the column "Transferred to Institution" that a considerable portion of the patients are thus treated. Baltimore has 38.2 per cent of such patients to its credit; Boston only 16.9 per cent and Philadelphia only 10.2 per cent. Here again the question of difference in practice is apparent. It is safe to say that all of the cities referred to have fairly ample hospital facilities for serious cases. The question which arises is an important one. Shall the nursing association attempt to give home care to patients who would probably be better off in hospitals, or not? It would appear from the figures which I have cited that at present there is no uniformity with respect to these cases, nor have any standards been set up which associations might follow with this very important class of patients.

Visiting nursing in communicable diseases. In Table 2 I have made still further analyses of these individual cities along the line of certain important diseases. The figures here too, show that as yet there is a considerable divergence in the practice of the individual societies, for of the four communicable diseases, measles, scarlet fever, whooping cough, diphtheria and croup, the visits per case vary from 7.7 in the case of New York to 4.1 in the case of Boston. The nursing days per case vary from 16.9 in the case of Chicago to 8.4 in the case of Boston. The cost per case varies from $4.40 in the case of New York to $1.95 in the case of Boston. The percentage of cases recovered varies from 82.7 per cent in the case of New York to 14.8 per cent in the case of Boston; whereas the percentage of cases dead to cases nursed varies from 5 per cent in the case of Baltimore to 8 per cent in the case of Boston. Here again we have the rather interesting fact that apparently the society making the fewest number of visits per case at a minimum of cost is showing the smallest lethal rate. I do not wish you to understand that I believe that there is necessarily any relation between these two facts. They are probably due to the small number of cases under consideration. I cite this simply to indicate to you the exceedingly interesting data that are contained in these tables, in the hope that the same will be given careful study by each of you.

Tuberculosis nursing. The results of visiting nursing in pulmonary tuberculosis is brought out in Table 2. I cannot say that the outlook is a hopeful one. The visits per case range from 13 in the case of Philadelphia to 8.5 in the case of Brooklyn; the nursing days per case from 193.6 in the case of Baltimore to 18.1 days per case

in New York. The cost per case varies from $4.32 in Baltimore to $6.23 per case in New York. The percentage of recovered cases in all cities is lamentably small. Brooklyn reports 1.1 per cent as a maximum, and New York .5 per cent. Of the improved cases, Brooklyn reports 52.7 per cent as a maximum; Philadelphia 11.6 per cent as a minimum. Of the unimproved cases, Baltimore reports 73 per cent as a maximum, with Brooklyn reporting 25.9 per cent. The percentage of dead to cases nursed indicates I think rather clearly that while visiting nurse work may be a distinct benefit to the tuberculosis patient, it does not follow that the nursing itself has had any appreciable effect upon the lethal rate. Of the total tuberculosis cases nursed in Philadelphia 58.7 per cent died. In Baltimore, on the other hand, only 13.9 per cent died. Here again we have the apparent anomaly of having the lowest death rate in the city showing a low ratio of visits per case. Possibly the low death rate in Baltimore is explainable by the fact that 72.4 per cent of their patients were transferred to institutions. The results shown in this column will explain in part why we have felt that tuberculosis nursing did not come within the purview of our work. It has been our impression all along that we would be doing most beneficial work for our policy holders if our nursing service were limited as far as possible to acute diseases where the likelihood of recovery might be influenced by the nursing service given.

Experience with pneumonia nursing. Of all the diseases that might be included in this last named category, we have felt pneumonia to be the most typical. The disease comes on somewhat suddenly, pursues a somewhat rapid course and the attention given to the patient during the illness may materially help in bringing about recovery. For these reasons, the data given under pneumonia will be suggestive. The number of visits paid to patients in pneumonia cases has varied from 6.6 in Baltimore to 11.3 in New York. The number of nursing days per case has varied from 20.4 in Baltimore to 10.8 in New York. The percentage of recovered cases has ranged from 22.9 in Boston to 75.6 in New York, and yet anomalous as it may seem, again New York shows the lethal rate of 10.8 and Boston the lethal rate of 6.9. New York has an average of nursing days per case of more than one visit per day. In this particular instance it is difficult to explain these figures by the fact of the transfer of patients to institutions. The New York figures show that 10.6 were transferred to institutions whereas Boston shows only 9.2 per cent.

Maternity nursing. We have always felt that the care of women in childbirth was a desirable feature of our nursing service. While we have always recognized that childbirth has no appreciable influence on our

mortality, we have felt that the proper care of the mother and infant might mean a lessening of complications in later life. The care of the mother and baby has been well recognized by the nursing associations. The proportion of the total cases for the twelve cities is 19 per cent of the total cases nursed. Of the cases nursed in Philadelphia 27.1 per cent were normal maternity cases. Baltimore on the other hand shows only 2.5 per cent. Of particular interest to us is the number of visits per case. The average for the twelve cities is 5.7 visits. The maximum of 6.5 visits is shown by Boston and the minimum of 2.2 visits by the City of Baltimore. These figures are particularly interesting to us by reason of the fact that on January 1, 1914, we limited the number of visits to be paid to maternity cases to eight. This limitation was modified on June 1, 1914. In our letter to nursing associations we suggested that it might not be necessary in normal cases for a visit to be made daily for eight days as was claimed by a number of associations. The statistics bring out, I think, rather clearly, the fact that our suggestion has borne fruit. The nursing days per case vary from 6.3 days in New York to 20 days in Boston. Brooklyn shows 11.8 days; Chicago 18.6; Baltimore 13.2; Philadelphia 7.5 days. It is our impression from these figures that the nurses are giving necessary attention to maternity patients for the first few days and then instructing the mother and other members of the family in the care of the patient so that subsequent visits need not be made only on alternate days or longer periods.

Finally, in Table 2, an analysis is given on external causes. This analysis is interesting only in that it shows the comparatively large proportion of cases of this kind which are being nursed. Of the total cases nursed in Baltimore 11.3 per cent were due to external causes due to traumatisms. The lethal rate is highest for New York and Brooklyn. This possibly may be due to the peculiar conditions of congestion existing in these two cities, such as street traffic, etc. On the other hand both of these cities show a large number of cases of this group referred to institutions. Baltimore which has a lethal rate in this group of only .8 per cent shows that 40 per cent of these patients have been sent to institutions. This is probably due to the excellent hospital facilities in that city.

Extent of the service. May I call your attention for a moment to certain data given on the top of Table 2. You will see from this that in the Manhattan and Bronx Boroughs of New York we have nursed 13.8 per cent white patients and 12.4 per cent colored patients for every thousand policies which we have in force in these boroughs. Similarly in Chicago, we have nursed 12.1 per cent and 14.1 per cent respectively; in Brooklyn, 8.6 per cent and 11.5 per cent respectively;

in Philadelphia 9.7 per cent and 14.6 per cent respectively; in Baltimore, 9.8 per cent and 8.6 per cent, and in Boston 17.6 per cent and 7.2 per cent respectively.

In the paper which I read before this association at a meeting two years ago, I called attention to the fact that the statistics of the sickness insurance associations in Germany have shown for many years that out of each one hundred members, 30 to 40 are receiving benefits by reason of incapacity due to illness or accident. If these figures are any criterion for the amount of sickness existing in the United States then the percentage of cases of sickness among our policy holders who are being nursed is lamentably small. In order to determine in a measure to what extent this might be true, we have made an intensive analysis of 2,968 deaths on which claims have been paid by the company. Of these, 263 or 8.9 per cent were nursed during their last illness and 2,705 or 91.1 per cent had no nursing.

A further study of these 2,705 cases show that 1,499 or 50.5 per cent would not readily have been nursed. 697, or 23.5 per cent died in hospitals, sanatoria and other institutions. 111 or 3.7 per cent were deaths by suicide, homicide and accidents. 58 cases, or 2 per cent were sudden deaths due to cerebral hemorrhage, apoplexy, heart disease, etc., 89, or 3 per cent were acute cases of illness lasting three or four days or less. 250, or 8.1 per cent died in their homes who lived outside of the districts covered by the visiting nurse association. Ninety-three cases or 3.1 per cent did not want nursing service; of the remaining cases, which could have been nursed, numbering 1,206, or 40.6 per cent, 49, or 1.7 per cent were deaths due to infectious diseases of children. These are cases that we feel should have been nursed. The difficulty in the past has been the inability of the nursing associations in a great many cases to make provision for the care of infectious diseases. I feel, however, that the care of this particular group of diseases is one of the most important things for the visiting nurse associations to consider. There has been a gratifying improvement in the last few years and it is to be hoped in time the visiting nurse associations can arrange to care for all classes of infectious disease not only of children but of adults as well.

Of the remaining deaths, 308, or 10.4 per cent were due to pulmonary tuberculosis; 100, or 3.4 per cent were cancers; 463, or 15.6 per cent were chronic diseases and conditions; 264 or 8.9 per cent were policy holders seventy years of age and over. As it has not been our policy to attempt to care for chronic diseases, it is more than likely that the cases in these four groups were not given service because of our rule in the matter.

The figures I think bring out rather clearly the one thought which I had in mind, to determine, namely: that we are only in the inception

of our visiting nurse work, that there are still many policy holders suffering from acute diseases who should have the benefits of nursing service and that it is our duty as well as that of coöperating societies to try and develop ways and means so that all policy holders who are in need of service may obtain it.

Need for community sickness statistics. I cite the above largely to bring out the necessity of determining the amount of illness which exists in our respective communities. At the present moment, there are no data whatever available. Records of benefit funds, sickness societies, etc., refer to a particular group and are not expressive of conditions existing in the population generally. Other studies which have been made in limited areas are, so far as I have been able to determine, unreliable.

It is with this thought in view that we are at the present moment contemplating a survey of sickness in the United States. The results which we have recently obtained through the use of our agents in making an unemployment survey for the United States Bureau of Labor Statistics leads us to believe that this machinery can be availed of to determine the percentage of sickness existing in the United States at a given day or week of the year. It is proposed to institute this survey during the coming fall beginning with one typical city and if results are found to be of sufficient value, we propose to extend the survey to practically all communities in which the company has policy holders. The schedule which is to be used for this will bring out significant facts of diagnosis as far as they are obtainable. It will attempt to ascertain the number of individuals in the family, the number bedridden at home, the number sick in hospitals, and the number of members ill but who are able to be up and about. The difficulty of obtaining accurate information with respect to the last named group is fully recognized. With this in mind, I believe, that the result of such a survey will be of extreme value not only to the Organization for Public Health Nursing but to all students of sickness and its social consequences.

MISS CRANDALL: I hope all the nurses present have been impressed, as I have been impressed throughout the program, with the significant fact that the mere handful, comparatively speaking, of five thousand public health nurses in the United States can never in the world, now or later, handle their share of this public health problem. The vast number of private duty nurses in our associations can, if they will, through hourly nursing, through household nursing as it is beginning to be known, and through visiting nursing, help to round out the quota that will be required, and do their part in the health program of this nation. I think also we have seen very clearly the possibility of a sound businesslike program and method of procedure which these papers have challenged us to formulate and to practice in contrast to the easy going casual, comfortable

DISEASE OR CONDITION		NUMBER OF CASES	PER CENT OF TOTAL	AGE PERIOD			
				Under 20	20–39	40–59	60
Nursed with physician in attendance:							
Total—All Diseases and Conditions		31,482	100.0	10,930	11,821	5,979	
General diseases (7412 cases, 23.5%)	Typhoid fever	494	1.6	320	116	53	
	Measles	614	2.0	607	6	1	
	Scarlet fever	366	1.2	354	12		
	Whooping cough	302	1.0	295	5	2	
	Diphtheria and croup	412	1.3	384	25	3	
	Influenza	867	2.8	176	268	313	
	Pulmonary tuberculosis	1,085	3.4	218	564	253	
	Other forms of tuberculosis	231	.7	140	60	27	
	Cancer and other malignant tumors	427	1.4	6	49	212	
	Acute and chronic rheumatism	1,222	3.9	227	325	465	
	Other general diseases	1,392	4.4	609	289	356	
Diseases of nervous system and organs of special sense (1820 cases, 5.8%)	Cerebral hemorrhage, apoplexy and paralysis	575	1.8	31	44	230	
	Diseases of the eye and ear	462	1.5	360	43	43	
	Other diseases of the nervous system and organs of special sense	783	2.5	202	218	276	
Diseases of circulatory system (1255 cases, 4.0%)	Organic diseases of the heart	436	1.4	91	73	140	
	Diseases of the veins	409	1.3	2	73	233	
	Other diseases of the circulatory system	410	1.3	196	72	90	
Diseases of respiratory system (4434 cases, 14.1%)	"Colds," coryza and rhinitis	385	1.2	260	61	50	
	Acute and chronic bronchitis	1,144	3.6	668	153	175	
	Bronchopneumonia	604	1.9	488	44	46	
	Pneumonia—lobar and undefined	1,735	5.5	1,175	214	230	
	Other diseases of the respiratory system	566	1.8	174	165	163	
Diseases of digestive system (3513 cases, 11.2%)	Tonsillitis	1,029	3.3	769	218	40	
	Diseases of the stomach	638	2.0	269	138	165	
	Diarrhea and enteritis	553	1.8	406	43	68	
	Other diseases of the digestive system	1,293	4.1	431	424	327	
(1710 cases, 5.4%)	Non-venereal diseases of genito-urinary system	1,710	5.4	160	753	576	
The puerperal state (7461 cases, 23.7 %)	Pregnancy, childbirth and after care	5,983	19.0	303	5,353	326	
	Other diseases and conditions of the puerperal state	1,478	4.7	67	1,308	100	
(900 cases, 2.9%)	Diseases of the skin and cellular tissues	900	2.9	440	129	207	
External causes (2336 cases, 7.4%)	Burns	507	1.6	332	81	66	
	Traumatic Affections	1,439	4.6	408	278	462	
	Other external causes	390	1.2	173	86	92	
(641 cases, 2.0%)	All other diseases and conditions	641	2.0	189	131	189	
Total "Nursed without physician"—"not nursed"—"Non-Policyholders."		9,855	23.8	4,137	2,951	1,831	
Nursed without physician in attendance		2,244	5.4	1,269	505	337	
Not nursed:							
With physician in attendance		4,347	10.5	1,518	1,549	895	
Without physician in attendance		2,031	4.9	997	456	414	
Non-policyholders		1,233	3.0	353	441	185	
Total Service—All Diseases and Conditions		41,337	100.0	15,067	14,772	7,810	

* The twelve important cities comprise the following: Baltimore, Boston, Brooklyn, Buffalo, Chicago, Cincinnati, Cleveland, Manhattan and the Bronx, Pl

Number of cases with unknown color, sex and age denoted by superior figures.

TABLE ONE

METROPOLITAN LIFE INSURANCE COMPANY—VISITING NUESE SERVICE, 1914

Principal Diseases and Conditions Nursed in Twelve Important Cities of the United States*

AGE PERIOD			WHITE		COLORED		NUMBER OF VISITS	PER CENT OF TOTAL VISITS	AVERAGE VISITS PER CASE	NU NUR
20–39	40–59	60 and over	Male	Female	Male	Female				
11,821	5,979	2,752	6,693	21,138	568	3,083	237,370	100.0	7.5	6
116	53	5	195	256	19	24	6,779	2.9	13.4	
6	1		313	278	9	14	3,567	1.5	5.8	
12			162	199		5	2,881	1.2	7.9	
5	2		121	169	4	8	1,756	.7	5.8	
25	3		182	215	9	6	1,910	.8	4.6	
268	313	109[1]	117	556	20	174	4,138	1.7	4.8	1
564	253	50	292	601	71	120[1]	12,622	5.3	11.6	9
60	27	4	77	118	17	19	3,006	1.3	13.0	1
49	212	160	51	330	4	42	5,979	2.5	14.0	1
325	465	205	227	820	25	150	10,304	4.3	8.4	3
289	356	138	343	921	31	97	9,771	4.1	7.0	2
44	230	270	104	385	16	70	6,759	2.8	11.8	2
43	43	16	180	262	4	16	3,023	1.3	6.5	
218	276	87	128	586	10	59	6,176	2.6	7.9	1
73	140	132	77	303	14	42	4,435	1.9	10.2	1
73	233	101	23	368	2	16	4,981	2.1	12.2	1
72	90	52	146	223	6	35	3,458	1.5	8.4	
61	50	14	127	225	9	24	901	.4	2.3	
153	175	148	364	682	20	78	6,154	2.6	5.4	1
44	46	26	259	289	27	29	5,719	2.4	9.5	
214	230	116	747	828	64	96	15,107	6.4	8.7	2
165	163	64	149	325	10	82	3,364	1.4	5.9	1
218	40	2	354	577	16	82	3,880	1.6	3.8	1
138	165	66	139	385	19	95	2,645	1.1	4.1	
43	68	36	190	323	5	35	3,642	1.5	6.6	
424	327	111	262	901	19	111	9,101	3.8	7.0	2
753	576	221	172	1,232	32	274	14,909	6.3	8.7	3
5,353	326	0[1]		5,092		891	34,182	14.4	5.7	8
1,308	100	1[2]		1,309		169	13,268	5.6	9.0	2
129	207	124	259	588	14	39	7,504	3.2	8.3	2
81	66	28	201	272	8	26	6,298	2.7	12.4	1
278	462	291	441	879	41	78	12,270	5.2	8.5	3
86	92	38[1]	148	212	11	19	2,709	1.1	6.9	
131	189	131[1]	143	429	12	57	4,172	1.8	6.5	1
2,951	1,831	936	2,685	6,405	135	630	12,710	5.1	1.3	2
505	337	133	698	1,426	30	90	3,510	1.4	1.6	
1,549	895	378[7]	1,074	2,924	62	287	5,279	2.1	1.2	1
456	414	162[2]	602	1,311	18	97[3]	2,275	.9	1.1	
441	185	97 #157	311	744	25	97 #56	1,646	.7	1.3	
14,772	7,810	3,688	9,378	27,543	703	3,713	250,080	100.0	6.0	66

and, Manhattan and the Bronx, Philadelphia, Providence, St. Louis, and Washington.

ER CENT OF OTAL VISITS	AVERAGE VISITS PER CASE	NUMBER OF NURSING DAYS	AVERAGE NURSING DAYS PER CASE	CONDITION ON DISCHARGE				TRANSFERRED TO	
				Per cent recovered	Per cent improved	Per cent unimproved	Per cent dead	Per cent to self or family	Per cent to institutions
100.0	7.5	641,583	20.4	34.1	43.0	17.6	5.3	79.2	20.8
2.9	13.4	8,867	17.9	40.1	31.9	22.3	5.7	74.9	25.1
1.5	5.8	6,763	11.0	68.7	23.0	6.7	1.6	92.0	8.0
1.2	7.9	7,818	21.4	60.8	22.7	13.0	3.6	84.2	15.8
.7	5.8	6,432	21.3	22.4	60.7	12.9	4.1	85.2	14.8
.8	4.6	4,263	10.3	56.2	22.3	16.8	4.7	84.9	15.1
1.7	4.8	10,557	12.2	39.6	53.3	5.7	1.3	89.8	10.2
5.3	11.6	94,931	87.5	1.4	23.0	44.5	31.1	49.5	50.5
1.3	13.0	12,233	53.0	7.5	35.2	41.4	15.9	50.7	49.3
2.5	14.0	14,188	33.2	1.9	17.8	38.4	41.9	67.2	32.8
4.3	8.4	30,163	24.7	17.9	63.4	17.3	1.4	76.6	23.4
4.1	7.0	25,011	18.0	28.6	48.0	19.1	4.3	73.1	26.9
2.8	11.8	21,507	37.4	3.2	40.4	33.1	23.4	64.7	35.3
1.3	6.5	8,172	17.7	28.0	52.6	19.2	.2	67.2	32.8
2.6	7.9	19,735	25.2	10.4	53.6	31.1	5.0	68.0	32.0
1.9	10.2	12,463	28.6	1.4	44.7	29.5	24.4	70.2	29.8
2.1	12.2	14,797	36.2	19.8	56.4	23.0	.7	61.9	38.1
1.5	8.4	9,161	22.3	14.4	51.5	23.0	11.1	69.4	30.6
.4	2.3	2,653	6.9	30.8	64.6	4.7		89.7	10.3
2.6	5.4	15,087	13.2	39.3	51.3	6.9	2.4	88.5	11.5
2.4	9.5	7,922	13.1	58.7	24.6	7.2	9.5	90.8	9.2
6.4	8.7	22,233	12.8	44.6	35.7	10.7	9.0	87.2	12.8
1.4	5.9	10,631	18.8	26.2	55.0	17.3	1.5	77.9	22.1
1.6	3.8	10,530	10.2	43.1	47.4	9.3	.1	85.1	14.9
1.1	4.1	7,251	11.4	25.5	60.9	12.3	1.3	81.6	18.4
1.5	6.6	7,498	13.6	40.9	46.7	8.9	3.5	84.2	15.8
3.8	7.0	21,933	17.0	27.4	48.7	19.1	4.8	76.2	23.8
6.3	8.7	36,072	21.1	19.8	48.8	21.1	10.4	74.5	25.5
14.4	5.7	80,551	13.5	51.1	29.8	19.1	—	88.0	12.0
5.6	9.0	26,787	18.1	49.6	40.3	8.8	1.3	85.1	14.9
3.2	8.3	20,215	22.5	26.9	56.8	15.1	1.2	68.0	32.0
2.7	12.4	12,061	23.8	47.1	42.0	9.1	1.8	77.0	23.0
5.2	8.5	33,182	23.1	25.9	59.5	13.0	1.6	76.0	24.0
1.1	6.9	6,225	16.0	35.6	52.5	10.6	1.3	77.5	22.5
1.8	6.5	13,691	21.4	14.3	51.5	30.6	3.5	67.4	32.6
5.1	1.3	25.707	2.6	19.0	40.8	37.1	3.1	69.2	30.8
1.4	1.6	8,515	3.8	14.9	47.4	37.5	.2	80.0	20.0
2.1	1.2	10,684	2.5	18.0	40.1	38.0	3.9	60.1	39.9
.9	1.1	3,014	1.5	35.7	39.0	23.5	1.8	84.7	15.3
.7	1.3	3,494	2.8	13.4	31.1	47.8	7.7	61.9	38.1
100.0	6.0	667,290	16.1	31.1	42.5	21.4	4.9	77.2	22.8

TABLE TWO

METROPOLITAN LIFE INSURANCE COMPANY—INDUSTRIAL DEPARTM

PRINCIPAL DISEASES AND CONDITIONS NURSED BY I

Cases Closed in 1914—All Diseases and Conditions (Part A); Principal Disease

PART A

DISEASE OR CONDITION TREATED; NAME OF ASSOCIATION OR SERVICE	TOTAL CASES CLOSED					
	Number	Per 1,000 mean in force		Per cent of total cases visited	Visits per case	Nursi per
		White	Colored			
All Diseases and Conditions						
Twelve principal associations and services	41,337	10.6	12.2	76.2	7.5	20
Henry Street Nurses' Settlement	9,290	13.8	12.4	63.5	8.5	1
Brooklyn District Nursing Comm.	4,143	8.6	11.5	72.9	6.9	20
Visiting Nurse Association of Chicago	5,974	12.1	14.1	78.0	6.8	20
Visiting Nurse Society of Philadelphia	5,625	9.7	14.6	77.4	6.8	1
Instructive Visiting Nurse Association of Baltimore	2,873	9.8	8.6	80.5	5.5	3
Instructive District Nursing Association, Boston	3,470	17.6	7.2	85.2	8.3	1

PART B

PRINCIPAL DISEASES AND CONDITIONS NURSED: NAME OF ASSOCIATION OR SERVICE	CASES NURSE				
	Total cases nursed	Per cent of total cases visited	Visits per case	Nursing days per case	Nursing days per visit
Four Communicable Diseases (Measles, Scarlet fever, whooping cough, diphtheria and croup)					
Twelve principal associations and services	1,694	5.4	6.0	14.9	2.5
Henry Street Nurses' Settlement	693	11.8	7.7	14.3	1.9
Brooklyn District Nursing Comm	275	11.0	6.7	16.4	2.4
Visiting Nurse Association of Chicago	302	6.5	4.3	16.9	3.9
Visiting Nurse Society of Philadelphia	64	1.5	4.7	13.2	2.8
Instructive Visiting Nurse Association of Baltimore	81	3.5	4.4	33.5	7.6
Instructive District Nursing Association, Boston	123	4.2	4.1	8.4	2.0
Pulmonary Tuberculosis					
Twelve principal associations and services	1,085	3.4	11.6	87.5	7.5
Henry Street Nurses' Settlement	193	3.3	10.9	18.1	1.7
Brooklyn District Nursing Comm	93	3.1	8.5	43.7	5.1
Visiting Nurse Association of Chicago	167	3.6	9.0	33.8	3.8
Visiting Nurse Society of Philadelphia	140	3.2	13.0	49.1	3.8
Instructive Visiting Nurse Association of Baltimore	127	5.5	9.6	193.6	20.2
Instructive District Nursing Association, Boston	35	1.2	9.5	27.6	2.9
Acute and Chronic Rheumatism					
Twelve principal associations and services	1,222	3.9	8.4	24.7	2.9
Henry Street Nurses' Settlement	202	3.4	9.8	21.1	2.2
Brooklyn District Nursing Comm	123	4.1	8.2	24.4	3.0
Visiting Nurse Association of Chicago	148	3.2	6.9	23.0	3.3
Visiting Nurse Society of Philadelphia	216	5.0	6.3	19.4	3.1
Instructive Visiting Nurse Association of Baltimore	93	4.0	4.1	32.7	8.0
Instructive District Nursing Association Boston	142	4.8	10.4	27.8	2.7
Pneumonia—all forms					
Twelve principal associations and services	2,339	7.4	8.9	12.9	1.4
Henry Street Nurses' Settlement	743	12.6	11.3	10.8	1.0
Brooklyn District Nursing Comm	207	6.9	7.1	12.4	1.7
Visiting Nurse Association of Chicago	298	6.4	7.3	15.5	2.1
Visiting Nurse Society of Philadelphia	318	13.7	7.8	11.2	1.4
Instructive Visiting Nurse Association of Baltimore	119	5.1	6.6	20.4	3.1
Instructive District Nursing Association, Boston	218	7.4	9.3	14.1	1.5
Pregnancy, normal childbirth and after care					
Twelve principal associations and services	5,984	19.0	5.7	13.5	2.4
Henry Street Nurses' Settlement	852	14.5	5.0	6.3	1.3
Brooklyn District Nursing Comm	419	13.9	4.7	11.8	2.5
Visiting Nurse Association of Chicago	733	15.7	5.9	18.6	3.2
Visiting Nurse Society of Philadelphia	1,180	27.1	5.1	7.5	1.5
Instructive Visiting Nurse Association of Baltimore	57	2.5	2.2	13.2	6.0
Instructive District Nursing Association, Boston	568	19.2	6.5	20.0	3.1
External Causes					

TABLE TWO

PANY—INDUSTRIAL DEPARTMENT—VISITING NURSE SERVICE, 1914

ND CONDITIONS NURSED BY LEADING ASSOCIATIONS

(Part A); Principal Diseases and Conditions Separately Considered (Part B)

PART A

CASES NURSED WITH PHYSICIAN IN ATTENDANCE								NURSED WITHOUT PHYSICIAN, NOT NURSED, ETC.
Per cent of total cases visited	Visits per case	Nursing days per case	Nursing days per visit	Cost per case	Per cent recovered of cases nursed	Per cent dead of cases nursed	Per cent transferred to institutions	Per cent of total cases visited
76.2	7.5	20.4	2.7	3.99	34.1	5.2	20.8	23.8
63.5	8.5	12.6	1.5	4.86	56.8	5.9	23.8	36.5
72.9	6.9	20.1	2.9	4.14	37.2	4.1	32.2	27.1
78.0	6.8	20.2	3.0	3.40	23.3	4.7	24.9	22.0
77.4	6.8	15.2	2.2	3.40	27.6	5.7	10.2	22.6
80.5	5.5	36.0	6.5	2.48	25.7	5.4	38.2	19.5
85.2	8.3	19.2	2.3	3.94	13.2	4.0	16.9	14.8

PART B

CASES NURSED WITH PHYSICIAN IN ATTENDANCE							
Nursing days per case	Nursing days per visit	Cost per case	Per cent recovered of cases nursed	Per cent improved of cases nursed	Per cent unimproved of cases nursed	Per cent dead of cases nursed	Per cent tranaferred to institutions
14.9	2.5	3.19	55.8	29.4	11.6	3.2	12.6
14.3	1.9	4.40	82.7	6.9	6.5	3.9	8.8
16.4	2.4	4.02	66.4	26.5	6.0	1.1	15.0
16.9	3.9	2.15	33.8	53.6	8.6	4.0	10.6
13.2	2.8	2.35	15.9	66.7	17.5		6.5
33.5	7.6	1.98	33.8	45.0	16.3	5.0	42.0
8.4	2.0	1.95	14.8	57.4	27.1	.8	16.4
87.5	7.5	6.17	1.4	23.0	44.5	31.1	50.5
18.1	1.7	6.23	.5	28.5	47.7	23.3	53.9
43.7	5.1	5.10	1.1	52.7	25.9	20.4	60.2
33.8	3.8	4.50	.6	13.9	53.9	31.5	59.0
49.1	3.8	6.50	.7	11.6	29.0	58.7	20.1
193.6	20.2	4.32	.8	12.3	73.0	13.9	72.4
27.6	2.9	4.51		14.3	60.0	25.7	57.1
24.7	2.9	4.47	17.9	63.4	17.3	1.4	23.4
21.1	2.2	5.61	38.1	46.0	14.9	1.0	30.8
24.4	3.0	4.92	15.3	71.2	11.9	1.7	40.5
23.0	3.3	3.45	6.8	70.1	20.4	2.7	17.5
19.4	3.1	3.15	10.6	67.1	20.8	1.4	13.0
32.7	8.0	1.85	8.6	58.1	31.2	2.2	42.3
27.8	2.7	4.94	11.3	73.2	14.8	.7	17.6
12.9	1.4	4.73	48.4	32.9	9.8	9.1	11.8
10.8	1.0	6.46	75.6	4.7	8.9	10.8	10.6
12.4	1.7	4.26	46.8	40.3	5.5	7.5	18.0
15.5	2.1	3.65	26.9	53.2	12.8	7.1	16.0
11.2	1.4	3.90	27.5	50.6	14.2	7.6	11.1
20.4	3.1	2.97	50.8	27.1	12.7	9.3	16.8
14.1	1.5	4.42	22.9	61.0	9.2	6.9	9.2
13.5	2.4	3.03	51.0	29.8	19.1		12.0
6.3	1.3	2.86	75.0	10.7	14.4		13.3
11.8	2.5	2.82	53.6	20.2	26.2		37.1
18.6	3.2	2.95	47.9	39.6	12.5		24.8
7.5	1.5	2.55	53.1	10.7	36.2		2.8
13.2	6.0	.99	19.3	42.1	38.6		3.5
20.0	3.1	3.09	5.8	83.5	10.7		6.9

SERVICE	Number	Per 1,000 mean in force		Per cent of total cases visited	Visits per case	Nursi per
		White	Colored			
All Diseases and Conditions						
Twelve principal associations and services	41,337	10.6	12.2	76.2	7.5	20
Henry Street Nurses' Settlement	9,290	13.8	12.4	63.5	8.5	12
Brooklyn District Nursing Comm	4,143	8.6	11.5	72.9	6.9	20
Visiting Nurse Association of Chicago	5,974	12.1	14.1	78.0	6.8	20
Visiting Nurse Society of Philadelphia	5,625	9.7	14.6	77.4	6.8	15
Instructive Visiting Nurse Association of Baltimore	2,873	9.8	8.6	80.5	5.5	30
Instructive District Nursing Association, Boston	3,470	17.6	7.2	85.2	8.3	19

PART B

PRINCIPAL DISEASES AND CONDITIONS NURSED: NAME OF ASSOCIATION OR SERVICE	CASES NURSE				
	Total cases nursed	Per cent of total cases visited	Visits per case	Nursing days per case	Nursing days per visit
Four Communicable Diseases (Measles, Scarlet fever, whooping cough, diphtheria and croup)					
Twelve principal associations and services	1,694	5.4	6.0	14.9	2.5
Henry Street Nurses' Settlement	693	11.8	7.7	14.3	1.9
Brooklyn District Nursing Comm	275	11.0	6.7	16.4	2.4
Visiting Nurse Association of Chicago	302	6.5	4.3	16.9	3.9
Visiting Nurse Society of Philadelphia	64	1.5	4.7	13.2	2.8
Instructive Visiting Nurse Association of Baltimore	81	3.5	4.4	33.5	7.6
Instructive District Nursing Association, Boston	123	4.2	4.1	8.4	2.0
Pulmonary Tuberculosis					
Twelve principal associations and services	1,085	3.4	11.6	87.5	7.5
Henry Street Nurses' Settlement	193	3.3	10.9	18.1	1.7
Brooklyn District Nursing Comm	93	3.1	8.5	43.7	5.1
Visiting Nurse Association of Chicago	167	3.6	9.0	33.8	3.8
Visiting Nurse Society of Philadelphia	140	3.2	13.0	49.1	3.8
Instructive Visiting Nurse Association of Baltimore	127	5.5	9.6	193.6	20.2
Instructive District Nursing Association, Boston	35	1.2	9.5	27.6	2.9
Acute and Chronic Rheumatism					
Twelve principal associations and services	1,222	3.9	8.4	24.7	2.9
Henry Street Nurses' Settlement	202	3.4	9.8	21.1	2.2
Brooklyn District Nursing Comm	123	4.1	8.2	24.4	3.0
Visiting Nurse Association of Chicago	148	3.2	6.9	23.0	3.3
Visiting Nurse Society of Philadelphia	216	5.0	6.3	19.4	3.1
Instructive Visiting Nurse Association of Baltimore	93	4.0	4.1	32.7	8.0
Instructive District Nursing Association Boston	142	4.8	10.4	27.8	2.7
Pneumonia—all forms					
Twelve principal associations and services	2,339	7.4	8.9	12.9	1.4
Henry Street Nurses' Settlement	743	12.6	11.3	10.8	1.0
Brooklyn District Nursing Comm	207	6.9	7.1	12.4	1.7
Visiting Nurse Association of Chicago	298	6.4	7.3	15.5	2.1
Visiting Nurse Society of Philadelphia	318	13.7	7.8	11.2	1.4
Instructive Visiting Nurse Association of Baltimore	119	5.1	6.6	20.4	3.1
Instructive District Nursing Association, Boston	218	7.4	9.3	14.1	1.5
Pregnancy, normal childbirth and after care					
Twelve principal associations and services	5,984	19.0	5.7	13.5	2.4
Henry Street Nurses' Settlement	852	14.5	5.0	6.3	1.3
Brooklyn District Nursing Comm	419	13.9	4.7	11.8	2.5
Visiting Nurse Association of Chicago	733	15.7	5.9	18.6	3.2
Visiting Nurse Society of Philadelphia	1,180	27.1	5.1	7.5	1.5
Instructive Visiting Nurse Association of Baltimore	57	2.5	2.2	13.2	6.0
Instructive District Nursing Association, Boston	568	19.2	6.5	20.0	3.1
External Causes					
Twelve principal associations and services	2,336	7.4	9.1	22.0	2.4
Henry Street Nurses' Settlement	347	5.9	9.5	15.4	1.6
Brooklyn District Nursing Comm	198	6.6	10.0	23.8	2.4
Visiting Nurse Association of Chicago	399	8.6	8.8	11.0	1.3
Visiting Nurse Society of Philadelphia	311	7.1	7.8	20.7	2.7
Instructive Visiting Nurse Association of Baltimore	261	11.3	6.4	26.5	4.1
Instructive District Nursing Association, Boston	236	8.0	10.4	23.6	2.3

Per cent of total cases visited	Visits per case	Nursing days per case	Nursing days per visit	Cost per case	Per cent recovered of cases nursed	Per cent dead of cases nursed	Per cent transferred to institutions	Per cent of total cases visited
76.2	7.5	20.4	2.7	3.99	34.1	5.2	20.8	23.8
63.5	8.5	12.6	1.5	4.86	56.8	5.9	23.8	36.5
72.9	6.9	20.1	2.9	4.14	37.2	4.1	32.2	27.1
78.0	6.8	20.2	3.0	3.40	23.3	4.7	24.9	22.0
77.4	6.8	15.2	2.2	3.40	27.6	5.7	10.2	22.6
80.5	5.5	36.0	6.5	2.48	25.7	5.4	38.2	19.5
85.2	8.3	19.2	2.3	3.94	13.2	4.0	16.9	14.8

PART B

CASES NURSED WITH PHYSICIAN IN ATTENDANCE

Nursing days per case	Nursing days per visit	Cost per case	Per cent recovered of cases nursed	Per cent improved of cases nursed	Per cent unimproved of cases nursed	Per cent dead of cases nursed	Per cent tranaferred to institutions
14.9	2.5	3.19	55.8	29.4	11.6	3.2	12.6
14.3	1.9	4.40	82.7	6.9	6.5	3.9	8.8
16.4	2.4	4.02	66.4	26.5	6.0	1.1	15.0
16.9	3.9	2.15	33.8	53.6	8.6	4.0	10.6
13.2	2.8	2.35	15.9	66.7	17.5		6.5
33.5	7.6	1.98	33.8	45.0	16.3	5.0	42.0
8.4	2.0	1.95	14.8	57.4	27.1	.8	16.4
87.5	7.5	6.17	1.4	23.0	44.5	31.1	50.5
18.1	1.7	6.23	.5	28.5	47.7	23.3	53.9
43.7	5.1	5.10	1.1	52.7	25.9	20.4	60.2
33.8	3.8	4.50	.6	13.9	53.9	31.5	59.0
49.1	3.8	6.50	.7	11.6	29.0	58.7	20.1
193.6	20.2	4.32	.8	12.3	73.0	13.9	72.4
27.6	2.9	4.51		14.3	60.0	25.7	57.1
24.7	2.9	4.47	17.9	63.4	17.3	1.4	23.4
21.1	2.2	5.61	38.1	46.0	14.9	1.0	30.8
24.4	3.0	4.92	15.3	71.2	11.9	1.7	40.5
23.0	3.3	3.45	6.8	70.1	20.4	2.7	17.5
19.4	3.1	3.15	10.6	67.1	20.8	1.4	13.0
32.7	8.0	1.85	8.6	58.1	31.2	2.2	42.3
27.8	2.7	4.94	11.3	73.2	14.8	.7	17.6
12.9	1.4	4.73	48.4	32.9	9.8	9.1	11.8
10.8	1.0	6.46	75.6	4.7	8.9	10.8	10.6
12.4	1.7	4.26	46.8	40.3	5.5	7.5	18.0
15.5	2.1	3.65	26.9	53.2	12.8	7.1	16.0
11.2	1.4	3.90	27.5	50.6	14.2	7.6	11.1
20.4	3.1	2.97	50.8	27.1	12.7	9.3	16.8
14.1	1.5	4.42	22.9	61.0	9.2	6.9	9.2
13.5	2.4	3.03	51.0	29.8	19.1		12.0
6.3	1.3	2.86	75.0	10.7	14.4		13.3
11.8	2.5	2.82	53.6	20.2	26.2		37.1
18.6	3.2	2.95	47.9	39.6	12.5		24.8
7.5	1.5	2.55	53.1	10.7	36.2		2.8
13.2	6.0	.99	19.3	42.1	38.6		3.5
20.0	3.1	3.09	5.8	83.5	10.7		6.9
22.0	2.4	4.84	32.2	54.5	11.8	1.6	23.5
15.4	1.6	5.43	50.4	36.0	11.3	2.3	36.4
23.8	2.4	6.00	46.6	44.0	7.3	2.1	30.8
11.0	1.3	4.40	27.6	59.0	13.1	.3	21.4
20.7	2.7	3.90	18.2	66.9	13.3	1.6	13.4
26.5	4.1	2.88	31.3	49.8	18.1	.8	40.0
23.6	2.3	4.94	14.4	70.8	14.8		17.4

way in which we have done the work on a purely philanthropic basis for many years. I believe also we see that no longer is any individual or community justified in doing its own daily or yearly round of service of this sort, irrespective of, and in addition to the demands for similar work throughout the country. Once more nurses are challenged and justly so, to collective effort, and also to the establishment of standards which Dr. Frankel has so clearly shown us we do not as yet possess.

Miss Wrigley of Pasadena asked why hourly nurses were debarred from active membership in the National Organization for Public Health Nursing and was told by the chairman that they are not debarred.

Miss Holmes: Would it be of interest to know how many women in this audience have ever attempted to do hourly nursing in the United States?

In response to a request from the chairman, twenty-one nurses rose.

Miss Ash: I would like to ask Dr. Frankel if he can tell us how many nurses are employed in the United States by the Metropolitan Insurance Company.

Dr. Frankel: I have no data. Most of the nurses are employed by the visiting nurses association, but I have no record of that number.

The Chairman: Allow me to answer that question. The figures brought up to about June 1, were a little over five thousand. Of course not all of those are in the employ of the Company but that includes the Company's service.

After some announcements, the session adjourned.

On Tuesday evening at 8 o'clock, a joint session of the three associations was held at Festival Hall, Exposition grounds, under the auspices of the National League of Nursing Education.

WEDNESDAY MORNING, JUNE 23

RED CROSS SESSION

GEVEVIEVE COOKE, *presiding*

THE OPPORTUNITY AND RESPONSIBILITY OF PUBLIC HEALTH NURSES IN RELATION TO SOCIAL HYGIENE AND PUBLIC HEALTH WORK

By ADELAIDE BROWN, M.D.

I want to address you as sisters because I have the privilege of being the daughter of the woman physician who started the training school on the Pacific Coast and a woman whose ideals for training nurses have

not yet been attained, so I wish to speak to you as sisters, as well as fellow workers. I have written my paper because there is no question in the world where one gets so involved in trying to speak to an audience as on the question of social hygiene. I have some very definite things to say, and I want to say them as clearly and as carefully as possible.

The public health nurse is a new creation rising up to meet the demand with, as yet, little chance for special training. Public health, as a specialty, is in its infancy in medicine. The national government in the Quarantine and Public Health Service, has called its members from the rank of its general medical service and makes its appointments by examination as to fitness. The national problem of quarantine has been the cause and development of this service, and the union of this service with the treasury department shows either how important public health is in the wealth of the nation, or, what is more likely, that it fitted even less well in other departments of the state. The same problems that are the health problems of cities and towns are dealt with for the soldiers, sailors and Indians and at the great ports of entry of the nation, by this service.

Training for public health as a specialty is offered to the medical profession by Harvard University, the Institute of Technology and the University of California. The latter has a Public Health Degree and a Doctor of Public Health Degree, the former not requiring a previous medical degree, but a two years course in public health. For nurses I know there have been recently organized at Simmons College in Boston, at Cleveland and at Teachers' College, New York, special courses in public health and social service nursing. As yet, however, most nurses have entered their work with no special training. The nurse is demanded and she is supplied and trained in the slow school of experience. During the past eight months a well-organized set of lectures has been offered free of charge to the social service workers, volunteer and regular, of the city at the San Francisco Polyclinic. This course has covered various problems of dependency, delinquency and public health, by persons more or less specialists in their lines, and each talk is followed by a vivid discussion arising from the questions asked. The course has drawn an average audience of twenty-five and the interest and attendance have kept up throughout. It is a good beginning for seminar work on the subject next winter.

Now, that excludes women entirely from the course of training. Harvard and the School of Technology have affiliated for public health teaching, and they give a diploma; but Harvard is not a co-educational school, consequently the affiliation will debar women nurses from tak-

ing the course and receiving a certificate or diploma in public work health from the School of Technology. This is a matter for a well-organized protest, because public health is going to be largely in the hands of women, the detailed work which all women are able and willing to do by virtue of their efforts and training and equipment, and there is no reason why any school in the United States which is co-educational on every other subject should exclude women from public health. So I advise you people to make a very well organized protest, a very dignified one, to such a restriction.

With the increase of medical public health work in the cities, there will come a demand for specially trained women and I hope the universities and great vocational colleges will see this opportunity. Social service and public health nursing go hand in hand, but to do either to its highest limit a broader foundation on the intellectual side will be necessary. Sociology with no basis of logic and economics makes for confusion in conclusions. The trend of affairs and the details of individual experience must both be kept in mind, and without the background of special theoretical training the purely practical social worker must sooner or later feel very inadequately fitted for the work. Biology, economics and history should enter this special work.

One of the natural points of meeting for the outsider and the home circle is sickness. The trained nurse has always had the opportunity for educating her clientele, rich or poor, on health or social service matters. Today she can fight and open the way for scientific knowledge. Every nurse has her opportunity as a public health teacher in private nursing. Each home is virgin soil for practical teaching. Each time a nurse enters the home the power of the family to prevent sickness, as well as to care for the sick, should be raised. On every public health question every nurse should be alert. To the public health nurse coming in contact with homes in great numbers, is afforded a far larger opportunity. At present the open discussion method has put tuberculosis in the rank of preventable diseases. The laity no longer considers a patient necessarily hopeless. Everyone, patient, family, doctor, nurse, social agencies and corporations join in the fight put up to save an adult life. The position of the feeble-minded is beginning to be well understood. Schools with ungraded classes and special schools all tend to treat him fairly. The child of imbecile or idiot grade is brought up by the state institutions, too few and too small as yet. The health of children, the baby-hygiene movement and the public-school nurse both protect, and the gap covering the period between the school and baby hygiene nurse can best be bridged by building across from both ends with the aid of the Children's Conference as outlined at the Chil-

dren's Bureau at the Exposition in the Palace of Education, and the study of the home as a unit by the public school nurse or other visiting nurse as she enters it.

Let us trace Johnny, aged eight, who has been followed to his home by the school nurse, after the card on adenoids and tonsils has been disregarded. The tenement home shows three younger children and a new baby expected. The little brother and sister are also mouth-breathers. This school nurse's problem is to explain to this mother what a handicap to Johnny's health his throat and nose condition is and to get her coöperation. This mother will understand cleaning up the running noses and that running ears will be avoided, but she may not appreciate endocarditis as a risk or the delayed development of the body and mind of Johnny. Now after persuading the mother to have Johnny operated on, is this family handled? From the point of view of the school, yes; but as a social hygiene problem, no. The care of the younger children is equally necessary. They are future school children and may be handicapped by their condition as each year passes. The mother, too, is a pre-natal clinic case, or if she has her own doctor, she should have a word as to the care of herself. If the bed-room hygiene is bad, fresh air for all and a bed alone for the new baby are easily suggested, and a word on social hygiene as to telling the children the new baby is coming and having them help get ready for it, fits easily into the situation. All this may not be done in one visit, but, by establishing sympathetic relations all along the family line, after several visits. Social hygiene in its broadest, as well as its narrow and restricted sense, is established by knowing this family after many visits. No time is wasted in the broader work done, for as many a school nurse can tell you, Johnny's tonsils are seldom removed with only one visit from the nurse. The baby hygiene nurse, following up cases from the charity organizations or boards of health, can speak of the health conditions of older children. The neglected period of childhood from eighteen months to six years has its special problems as well as the general hygiene problems of all human life. The children's conferences should be the clearing house, not for sick children, but for all children, to keep the child up to the best point of health is a state asset. "Keeping people well" is the new public health slogan. As public health nurses enter homes, as school, tuberculosis or baby hygiene nurses, education is their chief work. Alert to their own specialty, they should be equally alert to every possible opportunity for public health service.

The herding of people in large cities has brought its own problems. The social hygiene problem has many sides. Social hygiene taken in the broad sense includes every division of the health question when

applied to numbers of people. The meaning of the phrase has been restricted to include only that part of the human problem which deals with the male and female of the human race, normally expressed in the organization of the home and the rearing and supporting of children, but abnormally warped by the tension of modern life, by economic stress, the double standard of morals, to show itself in pathological excrescences and in the havoc of venereal diseases and the blot of prostitution. These facts and the menace they are to the public health and to the efficiency of the home, must be in the mind of every social worker and public health nurse.

The method of concealment, omitting sex instruction to childhood and youth on matters of sex and their importance to home-making, to personal health and the health of another generation—leaving all this unsaid, has been tried out thoroughly, with a result of human wreckage that is terrible to contemplate. Education has only begun to be tried along these lines. By education, we mean a constant holding up of the ideal on the sex question to the child, the growing boy and girl, as clearly and as well as patriotism or personal honor are taught. The nobility of inspiration of responsibility to the coming race should be part of every boy's or girl's ideals. Dangers can also be taught clearly but should never be all that are taught.

To the home belongs this duty at this time, but every one who meets the home as a public health nurse or social worker should be personally well-informed and convinced of the necessity of talking over with the mother her duty to the children on this subject. A wholesome respect for the wonder of the human mechanism and a pride in bodily health, to be encouraged by athletics united with an ideal of home life as a future calling and the loss of curiosity which information gives, will do much to arm a boy or girl with true reserve and consequently with self-protection.

This campaign of education has been carried on vigorously in Oregon for the past five or six years and in California for three years. The Oregon Society has had an annual appropriation of $10,000 granted by the state legislature as well as $6,000 in private contributions with which to carry on this work. It publishes leaflets and conducts lectures by trained speakers and has the coöperation of the Reed College in a university extension course of lectures given in Portland each year. It is doing altogether a strong, able piece of educational work and is serving as a model for national work on the same lines.

California has its Social Hygiene Society and with far less support financially, a budget of only $6,500 for the past eighteen months, a very consistent course of education has been followed up, beginning with a

course of lectures to public school teachers to lay before them that this subject of Social Hygiene must be taught somewhere, church, school, and home being the three possible agencies. Slowly lectures on social hygiene have been given to men and women together, in the public schools, evening lecture courses, especially emphasizing the necessity of education. All types of labor and fraternal organizations and unions have listened gladly to stereopticon lectures, often keeping the lecturer one or two hours answering questions. Large corporations have allowed time to their employees for the lectures and the lecturers have been sent throughout the state to speak at the various railroad clubs, prisons, reformatories. Sixteen lectures were given under government auspices for the soldiers stationed in and near San Francisco, the coast artillery corps and the young boys at the naval training station, Goat Island. The lecture given has slides illustrating the law of reproduction in plant and animal life, the human pelvic anatomy, male and female, the growth of the ovum, the germs of infection of gonorrhoea and syphilis, the common lesions of these diseases in the blind baby, the sterile and invalided woman, the sterile man, up to insanity, etc. It is simple, straightforward, and seems to offer answers to what the people want to know. This lecture has been given 250 times in the past eighteen months to approximately 25,000 people.

In April, 1915, the California State Board of Health issued a sign for lavatories with simple scientific facts in regard to venereal diseases and warnings against so-called "specialists," this being practically a duplicate of the Oregon sign. This sign has been framed and placed in 850 lavatories in coaches and stations of the Southern Pacific system in the state of California. In addition, a similar sign issued by the San Francisco Board of Health, has been placed in the lavatories of the ferry boats and local trains, saloons and men's lodging houses, and throughout the Exposition grounds. The California Social Hygiene Society financed, printed and framed these signs, a total of 1,500. These signs have brought much favorable comment and as yet no criticism.

At the Exposition, weekly conferences are conducted at the booth of the Children's Bureau and are attended by from fifteen to twenty-five people. The American Social Hygiene Association has an exhibit in the Palace of Education and circulates a series of pamphlets of the Oregon and California societies.

The coöperation of every intelligent man or woman, parent, teacher, trained nurse, public health nurse, social service nurse and practicing physician is needed to help in this campaign of education on social hygiene. No one knows so well why the insane hospitals teem with

syphilis, or why 25 per cent of our blind children are doomed at best to a saddened life, if an efficient one.

Do not for one moment take an indifferent attitude on this subject, any more than you would dare to do by failing to instruct as to boiled water and boiled milk in a typhoid epidemic; or fresh air and good food in avoiding tuberculosis, and so on through the whole line of social service and public health questions.

We have been indifferent, our boys and girls are both commercially profitable through their ignorance, and the responsibility for their health rests on us of a preceding generation. An educated generation on social hygiene is still in the future; but we can, each one, educate a few citizens, till an army of intelligence takes the place of hordes of ignorance, and the social evil is starved out, for it feasts on ignorance.

Now, let me say, in conclusion, that the Rev. C. F. Aked of the First Congregational Church, published in *The Examiner*, which is our most vivid newspaper, an article on the value of this movement for education in social hygiene, a very striking article, commenting on the work of the Social Hygiene Society, and asking and telling people what it was trying to do. This article was copied in every Hearst paper in the United States. It stated that if you applied for the literature it would be sent to you; and from one region in Boston, on Massachusetts Avenue, there were requests for one hundred packages of this literature sent in by different people. We judged, finally, it must be a nurses' home because the letters were signed by women and, apparently, intelligent women. We also received requests from Russia, China, India, Siam and from the whole United States in answer to this one piece of publicity that a fine man gave to the movement.

Miss Crandall: Dr. Brown's argument for a study of the underlying causes of things is one of the best notes that could have been sounded. The schools that are giving superficial instruction in many of these subjects are working toward fuller courses. In our Teachers College we have made it possible for the students to have biology and bacteriology and the elements of sociology and economics on which to base the practical application of those subjects. There is also a valuable course on the basis of social legislation which really is a study in vital statistics. As best we can we are developing fuller courses, and the students who can stay two years do get a full course of the elementary sort in economics and sociology.

Miss Patterson: I should like to ask Dr. Brown what books she would recommend to the mothers that would be helpful in teaching their children.

Dr. Brown: I would like to recommend a book by Mrs. Gulick, called The New Creation, published by Ginn & Company. You have in that book the life of a young boy, and I may say you have to try to reach the age for which a book is written to have the proper effect upon the person reading it. This treats of a boy twelve to fourteen years of age. Then we have a book by Dr. Mary Hood

called Girls and the Mothers of Girls. It hits the note perfectly. We have a book The Need of Sex Education by Littleton, and one by Wilson of Philadelphia, called Scientific Book on Reproduction, and The Social Emergency by President Foster of Reed University, Oregon. Those are some of the best books. If you send to any of the social hygiene societies, they will give you all their literature. We would be glad to have you address the Board of Health in the city of San Francisco.

The Red Cross Session, proper, was then commenced.

RED CROSS TOWN AND COUNTRY NURSING SERVICE

By FANNIE F. CLEMENT, R.N.

The Town and Country Nursing Service of the Red Cross is just a young organization, it being less than two years and a half since the first Red Cross Visiting Nurse was assigned to duty. The history of the organization is short, and as a preliminary I should like to outline a little of its origin and purpose. We have in this country a number of organizations and institutions expecially interested in rural social problems. Our state colleges and universities, through their extension departments are sending out papers into the rural sections, and in some instances these are touching on health lines. The Rockefeller Sanitary Commission, in its survey for the hook-worm disease in the south, has been covering almost entirely the rural country, as between eighty and ninety per cent of our whole southern land is rural; that is, the people are living in communities of under twenty-five hundred inhabitants. The Russell Sage Foundation, through its southern division, interested people in sections of 216 counties in the southern mountain region, and was especially interested in the health questions of that section. The Federal Rural Organization service, interested in the organization of farm women, has taken up the organization in some sections along health lines. Others through their state and local authorities have Public Health Committees and in some instances are employing visiting nurses. They are also interested in the rural sections and the first Red Cross Visiting Nurse under the administration of a Georgia organization, has recently been sent to the mountains of North Carolina. We find conferences being held in various sections of the country, and more and more these conferences are emphasizing the question of public health. It is well that this is so, because the health needs of our rural sections are great; although they have many of the advantages that the city people don't have, the rural people are in need of things that the city people have. Hospitals are located as a rule in our cities, and some have dispensaries. In rural sections there is greater need for sanitary meas-

ures. Water supply is usually not adequate and sewerage systems are not provided. Then, again, in our rural sections, the people are isolated and through this isolation has grown an individualism. It is about time that the people in our rural sections were getting together for organization work; and that has led to a definite need for this sort of work. Visiting nursing started in our cities and has reached its highest development in our cities. Rural nursing has been an outgrowth from the city work with very few exceptions.

About fifteen years ago, rural work was started in the county of Westchester, New York State, and through the work of a Johns-Hopkins graduate, who started the work in her home town, among her rural people, a system has developed which now covers between eight and nine different villages, Miss Holman's work in the mountains of North Carolina has established healthy conditions amongst these mountain people. The first idea that the Red Cross should take up the organization of a town and country nursing service was brought about by Lillian Wald of New York City. This was in 1908, and was under consideration until 1912, when an endowment of $100,000 was made to the Red Cross by Jacob Schiff, of New York, when the organization of the service was made possible.

The purpose of the Red Cross in organizing this service was to reach the rural people and those living in small towns who were not touched by the visiting nursing organizations of our cities. The limit to the size of a community in which this work should be taken up has been set at twenty-five thousand. The Red Cross, in organizing this staff of visiting nurses who would be especially equipped for nursing in the smaller communities, requires a hospital training school standard similar to that for the enrollment of other Red Cross nurses. The preliminary educational requirement is two years' high school education or an equivalent, but special training in public health is required, a minimum period of four months, which will be for the theoretical and practical training in public health work. Experience has taught us the need of a more thorough preparation than can be obtained in these four months, so the Red Cross in now emphasizing the necessity of nurses who wish to enter this field taking a regular eight months' course, such as is given in all larger cities like New York, Boston, Philadelphia and Cleveland.

The Red Cross, after appointing the nurse, maintains a general supervision over her work through the receipt of a duplicate monthly report and through visits to the nurse and the nursing organizations. It has established a traveling library especially for the use of these nurses, which contains books and pamphlets on the various topics in connection with their work. Within the last two months a bulletin

has been issued which, we think, will serve as a medium of mutual helpfulness between the nursing organizations and the Red Cross.

Up to the present time Red Cross visiting nurses have been appointed in eighteen different states, and number between forty and fifty. These nurses as a rule are employed for general visiting nurse service, although in our cities we find the specialized school nurse and the infant welfare worker or the tuberculosis worker. In our rural districts the nurse is a general worker and in most instances they are combining their general school work with their general visiting nurse service. For instance, in an Alabama County, the nurse is known as a county nurse, but is primarily employed for school nursing. In covering the Georgia area, little bedside nursing is possible. There the work is largely educational, and with her horse and buggy the nurse drives to the various school districts, spends a few days in each district, examining one and then going to the next, and having meetings to form local branches of a county association, thus interesting the parents of the children on general topics of sanitation. In a mountain community in Kentucky, where a nurse has been employed six months, she has, during that time, examined all the school children, and she has found about 7 per cent of them in a little town having trachoma. Three have been excluded from school and since that time a Kentucky state law, excluding children with this disease, has been put into force.

In Wisconsin, a school nurse who is doing that with her regular work, is giving attention to the teachers' training school, speaking on such subjects as school-room ventilation, and what efforts a teacher may exert in regard to the health condition of the children. This we find is filling a great need and there is need for it in other sections. These teachers will send their representatives, or go themselves, into the rural districts of Wisconsin much better prepared to minister to the wants of the patients than those who have not had that training. In some of our communities we find that nurses are holding conferences regularly, making visits and discouraging the practice of untrained midwives; they are holding very successful classes attended by mothers. In one community in South Carolina the nurse is officially appointed a sanitary inspector. In this community washerwomen are obliged to hold a permit before they are able to take in laundry work. The nurse inspects the homes of these women and unless their kitchens, tubs and premises are kept up to a certain standard the permit is withdrawn. It means that the visiting nurse is going into the homes of between seven and eight hundred families and in many ways is of assistance to these families.

The question of conveyance is an important one in connection with the rural nurses' work and the Red Cross has been especially anxious

to encourage visiting nursing associations to provide adequate means of conveyance for the nurses who have to cover large territory. Four of the nurses have automobiles; several of them have horses or a horse and buggy provided and a number are riding bicycles. We are trying in the rural communities to encourage local organizations to carry out the community center idea, providing a neighborhood house where the nurse may have her home, where perhaps a little dispensary may be opened and where provision may be made for meetings and clubs. Most of the nurses charge for their visits. They are not known as charity nurses. We have one nurse whose salary is paid altogether by public funds and she, too, is collecting fees, as it seems advisable in that community. Red Cross visiting nurses are appointed in communities where there are local organizations who will assume responsibility for their work, or who have an affiliation with the Red Cross. By such an affiliation the local community and local organization agree to accept certain standards in regard to the visiting nurses' service. As a rule we find them most anxious to carry out any recommendation that may be made in regard to the administration of their service. The institutions that look after the friendly service in local organizations will have care of their chapters, and in fact in two instances they are connected with public boards, the Board of Supervisors in one, and the council in another. When a body affiliates with the general nursing service it means that a nurse must come up to a definite standing of training and ability and that the service to a certain extent will be guaranteed.

From this brief outline you will see that for this service a nurse is required who has a good education, who has a good nursing training, and who wants to express her initiative and executive ability in trying to meet the needs of the rural people, of which she is fully conscious. I hope the time will come when the Red Cross nurse will be known, not only for her work on the battlefield, but for continuous constructive work in trying to meet the great health needs of the many thousands of isolated people in our country.

A RED CROSS VISITING NURSE IN ARIZONA

By KATHERINE KRAFT

My experience as the first visiting nurse in Arizona began in Jerome in October, 1914. It is a typical mining camp with a population of about 3,000. The town is hung, rather than built, on the side of a mountain. One takes the trail there, instead of the street car, and goes down the gulch or across the canyon instead of strolling on the boulevard or crossing a Brooklyn bridge.

The chief industry and points of interest are the copper and gold mining smelter and plant. The town itself is far from being a thing of beauty, but at the foot of these cactus-covered mountains, we have the fertile and beautiful Verde Valley. Across the mountain and the desert beyond, are a range of hills and mountains with a peculiar formation of red rock. The lights and shades of coloring, caused by atmospheric conditions and distance, are indescribably beautiful. If the cares of life and work in Jerome tend to be depressing, one has but to lift the eyes to the distant hills, to be inspired. Often it seems as if one sees not scenery, but a vision, the view is so wonderfully lovely.

It seems that epidemics are the evil out of which good may come to Jerome and other communities in Arizona. Each year, heretofore, the schools have been closed for a month or more on account of epidemics. From reports of communities in the east, where visiting and school nurses were doing effective work, the nursing association got the idea that a public health nurse would be a certain preventive of the much-feared epidemics. As yet there is no form of medical inspection of school children. The instructions given me were simply these: keep down epidemics; teach hygiene in the schools, and do visiting nursing. I felt that the teaching and the visiting nursing were within my power, but my courage almost failed when I thought of keeping down epidemics. Imagine my dismay when, about a week after starting work, there was diphtheria two doors from the school. Although the state law requires a modified quarantine for diphtheria, there was a double guard put on duty. After some persuasion and much explanation, the family was very good about following instructions regarding disinfection of bed clothing and excreta.

The schedule arranged for work was this: give a hygiene talk of fifteen minutes in each class (there are thirteen rooms); make one routine inspection of one class each day; spend the rest of the time in visiting nursing, and follow-up work of the school children. The routine inspection was of true value when chicken-pox came to town. The first few cases were soon weeded out. After it had spread into several homes, the health officer had the council pass an ordinance to placard the houses. This did much to prevent the disease from spreading. We did not have to close the schools. It is surely due to the grace of God, but this is the first school year in the history of Jerome that the schools have not been closed on account of an epidemic. Incidentally, also, the work brought about the discovery and exclusion of several advanced cases of trachoma and many cases of follicular conjunctivitis.

In the work of visiting the homes to give nursing care to the sick, I was impressed with the fact that a great many of the girls have no

opportunity of learning the crudest principles of housekeeping, sewing, or the care of children. Neither do they have even a pretense of any social life. The homes are crowded and the mothers, in many cases, lack time and knowledge. I invited about twenty girls, all over eleven years of age, selected from homes where the need seemed greatest (each home having an infant in it), to join a club. We started a modified Little Mother's League. I hoped for ten or twelve members and was surprised to have twenty-two enrolled at the first meeting. There are now thirty. They are learning to do plain sewing. We meet for one hour each week and, in addition to sewing, we have a fifteen minutes' discussion on the care of the baby. We hope to have material to teach by demonstration soon. Our desire is to carry on, as best we can, infant welfare work. The girls are interested, even enthusiastic, and eager to learn.

The midwife question is quite a problem. Very few of the laboring class feel they can afford to pay a doctor's fee. There is no law in Arizona regulating the practice of midwifery and the result is that any one who so desires can practice. Very often the midwife is extremely old, unclean and ignorant. She has had, as a rule, an average of from ten to nineteen children. Seven to twelve may have died in infancy, but that signifies nothing. "God took them."

The usual procedure is to have all the dark-colored rags to be found, ready to put under the patient to absorb discharges. I was present at one case where a very popular old midwife officiated. I arrived just after the child had been delivered. There were five women present. They took a piece of black cheesecloth, about two yards long, put it around the middle of the patient; then an old woman perched on each side of the bed, and pulled with all their might until the placenta was expelled. I thought the patient would be severed in two, it was so tight. They then tied the cheesecloth in three knots and left it with instructions not to untie it for three days. Following this they looked about for a string to tie the cord and were about to take the twine from an old flour bag. I persuaded them to take a piece of sterile tape, but no amount of argument would convince the young Mexican mother that the hangman-like arrangement tied about her waist was not the proper thing. I wanted to give the patient a bath the next day, but they made it quite clear that the midwife disapproved of me, and of course refused to call in a doctor, so I had to dismiss the case. The father of this same child came to me a month later. The child had umbilical hernia. The midwife had been applying the ashes of burned rags, but failed to effect a cure. I persuaded the father to take the child to a doctor, who applied an umbilical truss. The child is now well and strong, and the father,

at least, feels as if the methods of the midwife could be improved upon.

I have found in my short experience, and it is not possible for me to get in touch with but a small percentage of these cases, four cases of puerperal sepsis, three still births, one death from streptococcus infection of the cord, and three umbilical hernias. These are cases upon which I just stumbled. It is hard to say what I would find if I really had time to look around.

We talk of crowded tenement districts in our large cities. If, however, a number of families, having five or more children each, who have anywhere from eight to sixteen boarders and who live in from three to eight rooms, should be counted, many mining camps would have their tenement districts also. If perchance a stranger makes a disparaging remark about sanitary conditions in Jerome, an old resident or some old prospector, usually says, "It is one of the healthiest camps in Arizona, not half as unsanitary as most of them."

The people say the Rural Nursing Service has done some good in Jerome. It has met a much-felt need. The little that has been accomplished is nothing to what should be done. The need for this work seems very urgent and if Jerome is better than most mining camps the need must indeed be great in others. If dreams come true there will be medical inspection of school children follow-up work by properly trained nurses; registration of midwives; means of having the defects of poor children in isolated localities corrected; a kindergarten for small children of working mothers, so that the older children can go to school; and some social center for men. The closing of the saloon in Arizona is a step in the right direction, but to take away the only apology for a social center in a mining camp and to substitute nothing, does not seem a square deal. We have Americans in the making in the camp, as well as the city. Humanity is the same. The children are the same, only, it seems to me, the need is greater.

The American Red Cross should indeed be praised for its earnest endeavor to meet such urgent needs.

THE EFFECT OF AMERICAN RED CROSS STANDARDS ON TRAINING SCHOOLS, NURSING ORGANIZATIONS AND THE NURSING PROFESSION

By SARA E. PARSONS, R.N.

Our history of nursing tells us how forty-three years ago a few far-sighted, noble women realized that trained nursing offered a congenial occupation to women who wished to be self-supporting and to have a vocation that was of real benefit to humanity. Opposition to the

introduction of trained versus practical nurses in the hospitals was active and difficult to overcome. It was demonstrated so clearly after a time that the trained nurses were a more intelligent and reliable class of assistants, that the doctors who had been most active in their opposition became not only reconciled to the new order of things but they rapidly became dependent upon the trained nurse. Unfortunately training schools were so inaugurated that they proved not only a professional asset of great value but an economic advantage and they are still recognized as the cheapest possible way of getting the nursing work done in hospitals. Consequently, all sorts and conditions of hospitals, large and small, general and special, public and private, start so-called schools and issue diplomas. Meanwhile the pioneer trained nurses were putting their knowledge to the test and were in their turn training other nurses. They quickly recognized the deficiencies in their own training and the common defects of nursing schools. It is most interesting to note that in the beginning of our first schools an earnest attempt was made to give the nurses a general training in the different branches of nursing. Affiliations were attempted but the difficulties were such that after a short time each hospital started its own school, most of them giving a two years' course even if the hospital offered but one kind of experience.

This was a situation so manifestly to the advantage of the hospital and to the detriment of the nurse that finally the more experienced women in the profession realized that nothing but legislation governing the education of nurses would make it possible to re-establish the schools on a better basis. Just as soon as a state established an examining board and especially where a training school inspector was appointed, a great change came about in the hospitals. Even the agitation for state examination and registration set the wheels a-going. I know of more than one state where influential hospitals that knew their schools could not meet the minimum requirements that were being recognized opposed the bills actively and successfully until they had succeeded in bringing their schools into acceptable condition. Indeed, the promoters of these schools changed from bitter antagonists to ardent supporters of high nursing standards in some instances. Large general hospitals opened their seclusive doors to the pupils of the small and special hospitals. The special hospitals, particularly the maternity hospitals, in most cases stopped training their own nurses but organized three-or four-month courses for affiliated pupils from other institutions and a great improvement in nursing education has resulted.

This metamorphosis has not gone on, however, without arousing considerable antagonism from those institutions whose economic policy

was threatened. The nurses' organizations and examining boards have insisted on two years' training in a hospital, at least. This has interfered with those schools that were sending the pupils out to private families to earn money for the hospital. They also insisted on an educational standard, pitifully low in many instances, being only one year in high school or an equivalent. When the Board of Regents in New York State found that this equivalent was not being honestly interpreted a rule was made that the educational credentials must be submitted to the Regents and then "the fat was in the fire." To the astonishment of everybody it was found that this requirement was objectionable to some of the largest and best-known hospitals, that said they could not keep their schools supplied with pupils under such restrictions. In New York the opposition to higher standards grew to such a proportion that there seemed imminent danger at one time that everything already accomplished would be overthrown. The opposition spread to other states and the New York conditions were made to serve as a bogy man for the arguments against registration elsewhere.

Truly we were almost discouraged when lo! quietly and effectively the Red Cross came to the rescue. It was decreed from Washington that all nurses desiring to join the Red Cross must conform to the following requirements:

To be eligible for enrollment nurses must have had at least a two years' course of training received in a general hospital which includes the care of men and has an average of at least 50 patients during the applicant's training.

In cases where subsequent hospital experience, or a post-graduate course, would seem to supply any deficiency of training, applicants may be enrolled with the approval of the National Committee.

Graduates of State Hospitals for the Insane are not eligible for enrollment unless their experience includes at least six months' training in a general hospital, either during their course of training or subsequent thereto.

In states where registration is required by law, graduates of schools not meeting the requirements of the State Boards of Registration will not be considered eligible for enrollment, and it is most desirable that the applicants themselves be registered.

To be eligible for enrollment applicants must be members of organizations which are affiliated with the American Nurses' Association, and must have the official indorsement of this organization and of the Training School from which they graduated.

What nurse could fail to wish to belong to the Red Cross? What school could afford to ignore the standard required? Who could question such a high authority? Who was powerful enough to overthrow the regulations? and lastly who could question the wisdom of these requirements for such great responsibilities?

At last we felt our feet on solid ground and with our campaign of publicity as to nursing education we may now hope for the assistance of the public in demanding that training schools shall meet certain standards and that nurses shall be registered. It seems that the Red Cross re-organization came at the psychological moment for our purposes. We owe Jane A. Delano a great debt for her altruistic and wise leadership at this critical stage of our development.

Obviously the Red Cross nurse must not only be a good woman, even-tempered, well-poised, but well-trained in all the essential branches of nursing. It is not enough to know "bandaging" as some of our good volunteers think, but she must be prepared not only for surgical work but for anything in the way of illness, as in times of famine, fire and flood, it is the unexpected and unimagined contingency that has to be met and her work must often be done with little or no supervision.

With the recognition of town and country nursing problems, the Red Cross has indeed made itself the emblem of universal helpfulness. It has recognized that suburban more than urban communities need the all-around trained nurse who is a woman who can teach and who has the power to win confidence and the coöperation of lay people. More and more the nurse is also a teacher and her theoretical knowledge must be sufficient to enable her to understand and to combat the causes of illness. None of us who love our profession and believe it to be worthy the best gifts of mind and heart that women can bring to it and who have had even a little part of the struggle for educational standards but must feel a great debt of gratitude to our National Red Cross organization.

A uniform made of the new crêpe adopted by the Red Cross was here exhibited.

MRS. O'NEAL: The Red Cross has very recently made a provision in its requirements for the enrollment of nurses that an original essay of not less than 250 words, on a subject to be decided upon by the National Board, be submitted by the applicant. This is the first time it has been required in any of these organizations and shows the trend towards educational requirements.

Miss Maxwell, as a member of the Central Committee on Red Cross Nursing Service, was asked by the president to reply to questions.

MRS. STEVENSON: I have been told that there are nurses now joining organizations in order to qualify to be Red Cross nurses who then fail to keep up their membership. I would like to know what can be done to remedy that, whether the enrollment can be cancelled.

MISS MAXWELL: I do not know that any official action has been taken in that matter but during the present call for service in the European War, we have had to eliminate the names of a great many who did not respond.

MISS GIBERSON: In Philadelphia we have had three classes in Home Nursing and the pupils have their certificates but it was given up this last year because it must be under the local Red Cross Committee and the members of that Committee felt they did not have the time to teach these pupils. The first class of pupils to be examined was of factory girls and girls employed; and in one of our girls' schools they had a class, but we found our trouble was in getting teachers. They must be nurses, and must be members of the local Red Cross Committee or under the local Red Cross Committee.

PERSONAL EXPERIENCES IN SERVIA

BY MATHILD KRUEGER, R.N.
(Read by Minnie H. Ahrens)

Much has been written of late about Servia and the Servians, who have the distinction of starting the greatest war the world has ever known and, assuming that my hearers have read all that has been written, still so much has been left unsaid that a correct conception of present day conditions in Servia is impossible. Hardly recuperating from the devastation and financial drain on one war, they have been drawn into another and another war until Servia is a nation of widows, orphans and cripples, its natural resources neglected, and an accumulated national debt.

One must know something of the physical, geographical and human history of the Servians, their experiences and struggles, to be in sympathy with them in their present condition. They are a nation of peasant proprietors, each man with his own piece of land, raising what he consumes and consuming what he raises. The typical Servian peasant or soldier, who is one and the same, is a fine upstanding type of humanity who looks you in the face as an equal. George Fitch says the principal occupations of the Servians are farming, cattle raising, fighting and emigrating to America. Although united to the Russians in religion and akin in race and language, the Servians have distinct characteristics of their own; one is a love of independence. They are an extremely democratic people, they have very little in the way of an upper class, the mercantile element being very slightly developed among them as yet.

When the present war broke out there were, in all Servia, with a population of 5,000,000 people, only nine hundred doctors. The majority of these had to go at once to the army, leaving the civilian population practically without medical service. Of this heroic little band of doctors one-third have fallen victim to the epidemic which they were fighting; these facts alone will suffice to answer the question so frequently asked of us: "Why Servia?"

The first unit of the American Red Cross doctors and nurses had been at work at Belgrade for two months and had demonstrated their successful relief activities when the Servian Red Cross sent an appeal to the American Red Cross for additional units. In response to this appeal a unit consisting of six doctors and twelve nurses was sent to Servia, sailing from New York on the steaner *Finland*, November 21. It is well we did not know just what we were going to get into or we might not have enjoyed the trip over as we did. The weather was perfect, the boat comfortable and the company good. The bracing sea air and the rest no doubt contributed much toward keeping us well as long as we were.

The wife of the American consul at Belgrade, who had become separated from her husband, while spending their holiday in Germany, when the war broke out, was returning to Servia to rejoin her husband and was put in our charge. She became so attached to the Red Cross that she called herself unit No. 4 and appointed herself postmistress for our unit. Part of each day was spent in familiarizing ourselves with our equipment, which consisted of the United States army surgical chests, medical chests and detached service chests; also in listening to lectures on medicine and surgery and in the practice of uniform dressing and bandaging of wounds.

On December 2 we had our first thrill, being stopped by a French man-of-war, an officer boarded the *Finland* and after making sure that our ship carried no contraband of war, and that most of the passengers were Red Cross doctors and nurses, he allowed us to continue our journey. We arrived at Gibraltar on December 4, where we were greeted by the American consul but were not allowed to go ashore, as only British subjects were granted shore leave; although keenly disappointed, we were made to feel that these restrictions were precautionary and that we were indeed nearing the war zone. Four days later, we were again stopped by a French cruiser and our cargo inspected for contraband of war.

A stop of thirty-six hours at Naples gave an opportunity to see Italy's activities in preparing for war. The streets and public buildings were gay with officers in their gorgeous uniforms and the groups of common soldiers in their distinctive uniforms and all formed a picture an American would never forget. We left the steamer *Finland* at Patras from which place we had a special coach to carry us to Athens. Here, through diplomatic channels, arrangements were perfected for the transportation of our cargo, eighty tons of Red Cross supplies, into Servia. We were told by the Servian minister to Greece that we would be stationed either at Nish or Uskub. As every member of the unit

was desirous of getting as close to the firing line as possible there was considerable disappointment at not being ordered to Belgrade when we knew bombarding was constantly going on.

Three days later on our arrival at Salonique, we received word from the Servian Red Cross at Nish that we were to be stationed at Gievgili just across the Grecian border; thus the last hope of getting to the firing line faded.

As all the hospitals and public buildings of central Servia were overcrowded, this new camp was opened at Gievgili. A large building formerly used as a tobacco factory was turned over to the Servian Red Cross to shelter the patients, but no facilities were installed to make it convenient to care for the sick and wounded, nothing provided for their comfort; the bare building with straw mattresses on the floor was all we had to begin with in the way of hospital equipment. Every drop of water had to be carried some distance and as there was no drainage system, all waste had to be carried out of the building to a cess pool, a distance of several hundred rods. There was no laundry and we found an accumulation of soiled clothes that filled the basement of the main building. Two or three Turkish women came on days that were not saints' days and in small crib shaped tubs, not much larger than our American chopping bowls, washed a few sheets and pajamas. Another evidence of unpreparedness was that no arrangements had been made for quarters for the doctors and nurses, the so-called hotels of the burg were occupied by Servian officers and no private homes were available. After considerable juggling, nine nurses were quartered in one hotel and three in another and the doctors were given rooms at the cholera barracks. Though this does not sound very inviting, these quarters were the more comfortable. At the "hotels" the nurses slept on straw mattresses mounted on wooden frames, several in a room, with no light and no heat. Our toilet accommodations consisted of one small tin basin and a jug of water for nine nurses. Our food was cooked in the general kitchen and served in the staff dining room, and but for a lack of variety was not bad. At breakfast we fared worst, having only tea with lemon and toasted black bread without butter.

On our arrival at Gievgili there were about twelve hundred patients, mostly surgical, sheltered in the tobacco factory; two days later we received 560 more wounded, many of them being Austrian prisoners of war. In this unsanitary locality, the building crowded to its utmost capacity, with vermin and filth on every hand and no prospects of obtaining vitally-needed equipment for the promotion of better sanitary conditions, we went to work, not optimistic nor sanguine of results, but with a determination to do our best.

The planning of a schedule and program was the most difficult problem that confronted the supervisor, for with so many patients needing immediate attention and with conditions so bad, they could not possibly have been worse, a staff of two hundred nurses would have been inadequate. For four days the staff spent its entire time in dressing wounds and getting all the seriously wounded into one ward, averaging four hundred dressings per day; many of the patients had not had their wounds dressed since the temporary first-aid dressing on the field, from ten days to two weeks previous. Badly-infected wounds were the rule, not the exception. Each day we realized more and more how pitifully inadequate our force was for the proper care of the wounded soldiers, and each day conditions grew worse and more disheartening. Our only encouragement was the marvelous fortitude, heroic courage and gratitude of our patients, who rarely even so much as groaned under the suffering of painful dressings.

As it was quite impossible to do any surgery under even ordinary cleanliness at the tobacco factory, a large shed, formerly used as a store house for tobacco, was turned over to us to be converted into a temporary surgical hospital. Two other small buildings were also given over to us for quarters for doctors and nurses. The process of getting from the Servian government furnishings for these buildings, the most important of which were windows, was exceedingly slow and discouraging. However, on January 2 we were able to move into our new building, which had been made quite comfortable, and on January 13 our American flag was raised over our temporary surgical hospital and the first operation performed. As patients were discovered in the tobacco factory needing operation, they were scrubbed, shaved and given new clothing before they were transferred to the "American Hospital" for operation.

Most tragic of all was the meager and unsuitable food supply, two meals a day, consisting of vegetable soup and coarse brown bread, was the usual allowance for all patients alike. They were fed on this diet and then treated for dysentery, typhoid or other intestinal diseases, with a wisdom equal to that of the sage who dipped up water with a sieve. Possibly some notes taken from my diary will give a better picture of things as they were.

January 7. All the wards of the tobacco factory very cold and patients suffering, food very scarce and unsuitable, impossible to get milk or eggs for the sickest patients, even. No clean clothes for the patients or beds, no laundry done for four days, it being holiday week. Nurses all have bad colds and begin to show strain of work which is fatiguing, depressing and disheartening. Insist on their having one afternoon and one-half of Sunday to get out in the air and sunshine.

January 20. New cases of recurrent fever, typhus, pneumonia and smallpox developing daily. Four hundred cases of recurrent fever, many of them Austrian prisoners who have been our only helpers. Sanitary conditions indescribable.

January 28. Medical wards almost hopeless, so many desperately sick patients, very little food and no orderlies to help with work. One doctor and two nurses off duty with temperature of 103°, probably typhus.

Added to our lack of facilities and small force, was the handicap of not being able to speak the language and one may wonder how we did manage. A number of the Servians and Austrians had been to America and were able to speak some "American," as they insisted on calling their English, and these men were a great help to us as interpreters; even though their "American" consisted largely of slang expressions.

That the doctors and nurses escaped contracting disease as long as they did is a matter of comment; a kind Providence surely protected us for not even the crudest pretense at preventing spread of disease could be carried out under existing conditions. The death rate was very high, yet some soldiers recovered, were discharged and sent back to the firing line, only to have the cycle repeated.

In the spread of the disease typhus, the germ has an able assistant in the vigorous and prolific parasite, the louse, and though fighting them with every agency known to science, we were unable to exterminate them, and our slogan became not "Swat the fly" but "Kill a louse."

About the middle of February this dread disease had reduced the working staff of our unit to three nurses and two doctors; the Servians could give us no assistance and we could expect no relief to reach us from America for a month at least. We suffered much for the want of the ordinary comforts, such as we would consider absolute necessities in America. The lack of suitable nourishment was our greatest privation. An opportune visit from Sir Thomas Lipton at this time brought to us such food as he could spare from his ship. As all but three nurses were ill at the same time, and typhus patients are notoriously irritable, it was a matter of conjecture as to who suffered most, those who had typhus or those who remained well and had the care of the others.

The American Red Cross headquarters at Washington were kept informed, by cable, of the condition of the doctors and nurses and any new developments. Instructions were received by our medical director to transfer all the doctors and nurses to a more sanitary zone as soon as it was possible to move the sick. By March 25, all the doctors and nurses who were ill had been moved to Salonique, Greece, and the others to Belgrade where conditions were infinitely better. At Salonique we did not fare much better, as the best hotels were unwilling to receive

convalescent typhus patients as guests; however, we were able to get proper food and were well looked after by the American consul's family, in fact all the American and English-speaking people in Salonique showered us with kindness. The instructions received from Red Cross headquarters, that all doctors and nurses who had been sick with typhus were to be invalided home brought genuine regret, as with but one exception the nurses wished to remain at their post.

Although the response to the cry for succor from the battlefield of Europe is world-wide, the American Red Cross exemplifies the highest spirit of human Christian work, a spirit of benevolence growing out of a sense of our obligations to humanity. That this spirit is generally recognized, was manifest by the protection and consideration accorded us in the various countries we visited. The Red Cross badge was the only passport needed and not once did we have occasion to show our official passports, nor was our baggage at any time inspected. As members of the American Red Cross we were afforded the pleasure of meeting the Queen of Greece, her Majesty requesting an interview with the supervising nurses. For diplomatic reasons the interview took place at the Children's Hospital, an institution to which Her Majesty gives much of her time. The Queen is greatly interested in the improvement of hospitals in Greece and the establishment of training schools for nurses along American lines, and to that end she has had plans made in Boston for a modern hospital to be erected in Athens in the near future. At the same time she has sent several Greek women to American training schools for nurses to be trained and hopes to send more. Her Majesty hopes ultimately to have a Red Cross Nursing Service in connection with the Red Cross organization of Greece with a system of enrollment similar to that of the American Red Cross.

For the fight against disease which threatens to take at least half of the population of this little Balkan State, Servia must depend on foreign help. The fifteen southern provinces have been turned over to the missions sent over by the American Red Cross and the Rockefeller foundation. The central part has been turned over to the English, who have a total of three hundred doctors and nurses there. At Belgrade, the American Red Cross units are fighting the grim battle. Owing to the pitiful conditions, even before the war, this foreign help is declared by the various missions to be wholly inadequate. It is so much more help than Servia has ever had at any time in the past, that she is pinning hopes of her continued existence to it with almost pitiful confidence.

The following paper was read by title only, as the time allotted to the session was limited.

HAS RED CROSS RELIEF WORK IN EUROPE BEEN WORTH WHILE?

By DOROTHEA MANN

The privilege of going to the European war as a Red Cross nurse! how I wish every one could have had it. Bound at home by conditions of health, occupation and family ties, many who wanted to go could not, but these have given indispensable aid by their toil here in America.

Doubtless the question often comes up as to how much has been accomplished by this work done at home, the endless sewing and knitting and bandage rolling. To those of you who have been thus occupied, let me say you have earned the gratitude of many. Supplies in the war zone are not ample, especially, I believe, linen supplies of every kind. We were always most thankful for the arrival of a box of sheets and gowns. There can be no exaggeration of the comfort and of the necessity of fresh linen where there is so much infection. A certain amount of linen was furnished by the government, but this was inadequate. The knitting also has given much comfort. Many a soldier came in to us from the field with a muffler, abdominal belt and wristlets, all gifts of the Americans, and many another, when leaving us to go back to the field, has worn similar articles taken from our little supply and gladly given him. So this work has had far-reaching results, supplementing needs in hospitals, and furnishing comfort in the trenches, where the exposure to cold and rain is so terrible. Doubtless the mufflers have warded off much pneumonia, and the woolen socks have prevented many frozen feet.

But it is, after all, the effect of our work upon the minds and hearts of the people of Europe that I am most anxious the American women should know about. To some degree, you can see the results of the stitches you have taken, you have your completed garment to testify to an accomplishment, but all over this country, men, women and children have given sums of money varying from a few cents to thousands of dollars for the support of the work the medical profession is doing in the war zone. It is not surprising that these people should desire to know just how much good has been done, just how much the effort and self-sacrifice were worth, just how great was the need for foreign help; in truth, just whether the Red Cross work in Europe has been worth while.

To one in the midst of it, the answer is simple and prompt: Yes.

When the Red Cross ship sailed last fall no one of us knew to just what kind of work she would be assigned, and the service has varied, doubtless, according to the needs of the different countries, but some of its characteristics must be the same for all.

I was located at a base hospital in Gleiwitz, Germany, not far from the Russian border. At one time we received cases three hours after a battle, but more often it was two or three days, the length of time depending upon the position of the army, for we remained fixed. My observations were made from this one point.

First, though not most important, let me mention the effect of the Red Cross expedition on the nursing profession in general. It is, I believe, a recognized fact that the same class of women do not take up this profession in Europe as in America. I mean in times of peace. Now, during the war, to be sure, all the women of Europe are willing to be nurses in order to help. The nursing of most of these untrained women from the higher social ranks frequently calls forth the remark: "This patient is too sick to be nursed." The foreign-trained women are doubtless skillful, and unquestionably they have done much for their country in this crisis, still America has always shown at home that the women who take up nursing are often the best educated and the most refined, and our service abroad has given us the opportunity of showing this to the foreigners.

Secondly, I believe our professional achievements have not been mean. Our doctors have shown peculiar efficiency. Too often one has to lose sight of patients before the case is completely disposed of. This is inevitable on account of the continuous transportation of the men further in, to make room for the newly wounded. In Germany it is true, and I understand it is elsewhere, that the best doctors have gone to the front. One does not wonder at their desire to render their services on the field of action where they feel themselves a part of the army itself, and doubtless their superior judgment and experience do save many lives, but there is a really greater work to be done at the base hospitals. There lie the poor unfortunates whose fate hangs in the balance, not whether they are to live or die, that question being settled more often nearer the firing line. Our statistics at one time showed only fifteen deaths to about twelve hundred cases cared for, and we had charge of the most serious cases which came across the border line. But the fate there determined was how these men were to go through the rest of their lives, whether it was to be with or without an arm or a leg. That is the question our doctors have had to decide and here I feel that very much has been accomplished. More than one case have I seen dressed for weeks and then wired or plated, when the average surgeon

would have amputated. More than one man have I seen come to the hospital marked for amputation, who left with his arm or leg on the road to recovery. It is tedious work, and results come slowly, but it is surely true that a service is worth while which prevents people from going through life maimed and helpless. I do not mean that lives are not being saved, too, only that this was not the best work where I was placed. Out of twelve hundred cases I have seen only four amputated legs, and no arms.

Another result of our work abroad, and is it not perhaps the farthest reaching of all, is that the soldiers with whom we come in contact love us for our work. That love for us is carried to their homes, to their wives and to their children, not love for us as individuals, but love for us as Americans. Their hearts go out to the country that has made our work possible. When they were first brought into the hospital at Gleiwitz on stretchers, often having had neither food nor rest for days, their gaze was a dubious and questioning one, as they heard us talking English to one another. But they soon saw our American flag, and the question they put was, "Is America giving us all this help?" From then on they never seemed to forget the fact that it is America which is helping towards their recovery. Each man did all he could to assist himself and his comrades. Even those who were totally disabled displayed cheerful dispositions. I heard one soldier say that to be cheerful was the least he could do, considering all the Americans were doing for him, and it was the spirit of all. They exerted wonderful control when dressings almost as severe as operations were being done.

We had a number of dressing gowns marked with a little red cross. In no time they were so popular, being from America, that one poor Galician, whose language no one could understand, gesticulated for two days before we realized that it was not merely a clean gown that he wanted, but that it must be an American one.

So soon as there were a handful of men able to be out of bed, they wanted their pictures taken with the American doctors and nurses, and many of them wrote back of their progress after they had left us, always thanking us for the start we gave them.

These are just a few of the trifling details which indicate the spirit that prevails and that spirit, taken home to the family hearth, is certainly not going to breed a spirit of war. It is going to create and spread through the countries a spirit of kindly feeling and gratitude toward America, a spirit making for peace in the world.

The president announced that a meeting of the Advisory Council would be held on Thursday morning, 8.45.

After announcements by the secretary the meeting adjourned.

WEDNESDAY AFTERNOON, JUNE 23

The Wednesday afternoon session was held at the Greek Theatre, Berkeley, a joint session of the three nursing organizations, with the members of the American Hospital Association as guests.

THURSDAY MORNING, JUNE 24

GENERAL SESSION

GENEVIEVE COOKE, *presiding*

INDIAN NURSES AND NURSING INDIANS

By ESTAIENE M. DE PELTQUESTANGUE

For the benefit of you who know little or nothing about the North American Indian except what you have read of him in connection with the early settlement of this continent by Europeans, and who very naturally wonder what conditions can have arisen to convert a then healthy, vigorous people into the sickly, degenerate, dependent masses found on our Indian reservations today, I should like to say just a few words in explanation.

It would take too much time to go into the whys and wherefores leading up to the establishment of the Reservation system; it is sufficient to say that, born of the idea that it would be cheaper and more comfortable for the white immigration to take care of the Indian and at the same time "get rid" of him than to fight him, it was then established, and with its foundation began one of the most effective methods of pauperizing and degenerating a people that the world has ever witnessed.

Imagine, if you can, the result that would inevitably be produced upon segregated masses of untutored people from being fed, and clothed, and lodged, and thought for continually, without any exertion on their own part. Can you wonder that these reservations have become veritable hot-beds of disease? And probably no effort would yet have been made to correct the very natural conditions arising from such a system, had not white civilization, such as it was, in its gradual pushing westward, found itself in imminent danger of contamination through contact. Immediately there arose a clamor from these people for protection, and the public began to awaken to the fact that institutions, under the most capable management possible, were needed in which to isolate the physically and mentally unfit. The persistence of this appeal for help has converted the problem, at least in part, into a white man's

problem, a human problem, and the fact that it has become such will undoubtedly do its share toward saving the Indian people from utter extermination.

Prior to 1908, no particular attention was paid to health conditions among the Indians, except that Congress annually appropriated a small sum for the prevention of the spread of smallpox. During the winter of 1908–1909 a woman (presumably a physician) definitely diagnosed as trachoma the many cases of sore eyes among the Indians. By this time the disease had become so prevalent as to cause considerable alarm among the heads of the Indian Bureau, but through the very prompt action of the Commissioner of Indian Affairs, an immediate appropriation of $12,000 was granted by Congress for building a trachomatous hospital to give special training to physicians and nurses employed in the United States Indian Service. This marks the beginning of a systematic effort, which is still being vigorously waged, to stamp out infectious diseases in every Indian community.

To give you some definite idea of the prevalence of trachoma among the Indians, I should like to quote from a report put out by Dr. W. H. Harrison of the United States Indian Service. He says in part:

> West of the Mississippi River there are almost as many trachoma districts as there are Indian reservations, Indian schools or Indian communities.
>
> An examination of the pupils of a large number of Indian boarding schools, together with a great many thousands of reservation adult Indians in several states, has demonstrated that trachoma exists among these people to such an extent that if it were measles, whooping-cough, scarlet fever or smallpox, its prevalence would be declared epidemic and panic among the people of these districts would prevail. No school in my work was found free from trachoma, and one boarding school in Oklahoma was visited where 88 per cent of the children suffered from the disease.

Think of it!

In another and, I think, later report gotten out by Drs. Harrison and Bell, of the Indian Service, such a good general idea of trachoma and its methods of transmission is given that I think it well worth quoting. These physicians say:

> Trachoma is a specific form of conjunctivitis, usually chronic but characterized by acute exacerbations, which it seems are due to some added infection, trauma or irritation.
>
> The true etiology of trachoma is yet in doubt, many investigators contending that a microörganism is the causative agent. It seems to be conveyed by prolonged or rather intimate contact with those suffering from the disease, and where individual washbasins, towels, handkerchiefs, beds, bedding, etc., are not in constant use. . . . . Flies must also be regarded as carriers of trachomatous infection.

They also say:

> There has grown up, in the Service and with some citizens closely associated with Indians, the erroneous idea that a large part of the eye afflictions are due to syphilis, or some other venereal disease. This is a mistake, as syphilis is very rarely found among Indians.

One other disease even more deadly in its onslaught among reservation Indians than trachoma, is tuberculosis. The mortality from this cause alone for the fiscal year ending June, 1914, was 31.83 per cent of the total death rate, or more than double that of Caucasians born in this country. The alarming number of deaths from this scourge is causing no little anxiety to people who are interested in the Indians and every combative method known to modern science is being employed to stamp it out.

Health conditions in the schools are being given a great deal of consideration, and an effort is being made to have the children live in the most hygenic environment possible. The importance of cleanliness, fresh air and sunshine, nourishing food at regular intervals, well ventilated sleeping rooms, suitable clothing, regularity of habits, the use of separate towels, drinking cups, etc., are all being given attention. This is all very well and as it should be, but it only grazes the surface of things.

To strike at the root of the trouble, as it exists, the problem will have to be taken up in the homes and fought vigorously. Tuberculosis is essentially a house-bred disease, one with which the Indian in his former transitory, out-of-doors mode of living, did not have to contend and one with which, in his new environment, he has not learned to cope.

When you realize that the average Indian home of the present time is an overcrowded, poorly lighted, poorly ventilated, one or two-room house, and that very often in these diminutive homes large families of careless, ignorant, sick and well people live in the closest contact possible, you can readily understand the need of hospitals and camps for isolating those who have already become infected and the need of a sufficient number of adequately-trained field nurses to teach the still physically sound how to combat the disease.

I cannot tell you the exact number of nurses employed in the Indian Service at this time, but when I read from good authority that in Montana one physician is employed to look after the health of an entire tribe, numbering not less than 1,700 souls, scattered over a half million acres of land, and that the Cherokees of North Carolina, numbering 2,000 persons and scattered over 60,000 acres of mountainous country, have but one physician, I feel pretty sure that the number of nurses in the field is woefully insufficient.

One of my friends, a woman of unusual intelligence, to whom I appealed for her observations regarding nursing conditions on the reservation of which she is a member, wrote me a letter which seemed to apply pretty well to reservations in general. The following is a part of her contribution:

I could write volumes on nursing work that ought to be done for the Indians of this reservation, but I don't know much about any that has been done, except the sporadic kind that is done by field matrons, school matrons and missionaries.

The greatest lack that I personally know of, on the two reservations where I have lived, is that of competent nursing. The main difficulties in the way of a nurse's work on the usual western reservation are dirt, medicine men, superstition. remoteness of camps from the agencies, etc.

Health in the camps and the cause of the deaths on a reservation are subjects that are hardly supervised at all. Babies come and babies disappear and no questions are asked. Young mothers die in childbirth because some old grandmother prefers her way to anyone's else. Doctors' orders are disregarded with no one held responsible. Diseases, especially the serious contagious kinds, are hidden from the knowledge of authorities until too late, etc.

Many of the conditions described are so identically like those with which the ordinary social settlement worker has to contend, that one could almost smile over the comparisons, if the whole thing were not such a tragedy. But when one stops to think that there are not enough Indians in the whole of the United States to make half the city of Cleveland, Ohio, and much less than half as many as there are ignorant, foreign emigrants admitted to our shores yearly, it seems incredible that in a country of intelligent, so-called Christian people, this handful of aborigines could have been forced into so tangled a mesh of red tape as to create a problem that has thus far baffled solution.

Now just a few words about nurses of Indian blood. At present there are seven of these women in the employ of the United States government. I am told that they are all graduates of recognized training schools and doing efficient work. One can readily understand that if they are well educated, well trained, and possessed of sufficient courage, persistence and devotion to duty and race, our Indian women ought to be a strong factor in the reservation nursing service, for they not only have the advantage of knowing at first hand how their people feel, and think, and live, but they have no mistrust to overcome.

The Indian private duty nurses are many more in number and, while very little seems to be known of them, representatives are to be found in almost every large city, working shoulder to shoulder with the nurses of other races. Many of our women have fought their way to success in this particular branch of endeavor under the most trying circumstances, and the only reason I can attribute for more not being

known of them is that thus far none of our women of superior education, have been attracted to the nursing profession. I am sorry to have to admit this, but it is true. I believe that the majority of Indian nurses are orderly, painstaking, capable, conscientious women, however; and I am sure that in a quiet way they are doing their part to hasten the time when our people, all over this country, shall enter into and emerge from, the public school, the great melting-pot of our mixed population, not as "poor imitations" of white men, as is so often said, nor as particular kinds of Indians, but as good, loyal, intelligent American citizens.

I have previously mentioned the earnest effort that is being put forth by the government and our friends for the betterment of the Indian people generally, and I have no doubt but that all this exertion on the part of others will do something to improve the race in the next generation; but I am firmly convinced that nothing like satisfactory results will ever be obtained until the Indians themselves are thoroughly impressed with the seriousness of their own problem, for it is and ever will be a problem, characterized by ignorance, degeneracy, disease and death, as long as the Indians are forcibly confined within fixed limits, away from material contact with civilization, and clothed, and fed, and thought for and pauperized generally.

The salvation of any people must come from within, and until they have been taught and firmly grasp the idea of responsibility, responsibility not only to themselves but to the communities in which they live, and to the country at large; until they appreciate the fact that the country owes no physically and mentally sound man anything more than the chance to *earn* a living, the combined efforts of physicians, nurses, field-matrons, and the countless other employees of the Service, will be of little avail. Responsibility is the key to the situation; and by responsibility I mean "the ability to meet the requirements that morality, civilization and humanity, demand of man; the ability to protect self, to support self, to contribute to progress; the ability to help those who depend upon you; the ability to make the world need you."

What the Indian Service needs in every department today is the influence of people who realize the importance not of thinking for the Indian, but of making him think for himself; not in doing for him, but in teaching him to do for himself. We need people of personality, tact, and unquestionable integrity; we need men and women of the wide-awake, helpful type, to whom religion means something infinitely above creed; we need men and women who have the courage of their convictions, wisdom that begets trust, and the ability to generate enthusiasm; we need people who can revive the old fighting spirit and direct it into useful channels.

Particularly should nurses who choose work in Indian fields be women of unusual capabilities, and actuated only by the highest motives. In addition to the many virtues and accomplishments with which other employees in this great social uplift should be endowed, the nurse should have limitless patience and a broad charity for the weaknesses of her fellowman; for, as is the case in all forms of welfare work, she will find every disease born of unfit social conditions. No doubt both her faith and charity will be strained to the breaking point times without number, but she will have to glean her reward, at least in part, from the knowledge that she is helping to reclaim a people who have become pauperized and diseased through a social system that has been forced upon them, and that no people, regardless of race, who were clothed and fed, and thought for continually, could long keep either their health, ambition or self-respect.

There is another and pleasant side to reservation nursing, however; for apart from the satisfaction one gets from trying to better the lot of another, she is sure to find agreeable friends and associates in other branches of the Service who, like herself, are striving for the general uplift of mankind. Then, too, she will find that, instead of the savage, blood-thirsty creature that the newspapers paint, the Indian is most amenable to reason and kindly disposed when once you win his confidence. She will learn that not all reservation Indians are savages and that not all savages are confined on Indian reservations, as is at present being demonstrated by the so-called "highly civilized" powers of Europe.

I fully realize that it is a long step from our present reservation system to citizenship in its highest sense and yet I feel that if our Indian boys and girls, whose lives are all before them, can once be gotten to catch up the glorious inspirations of this country and age in which they are living, and then be allowed to develop their powers to the highest degree possible through contact with the varied working forces of this greatest of republics, with a share in its duties, and at least a foreigner's chance to use its oppportunities, there will be no Indian problem, for the Indian will himself take care of the conditions that today make him diseased and dependent.

In conclusion let me beg of you to use your influence, however small, to rid the Indian of his present thraldom and make him a part of the nation. In striving toward this end you may fall short of your aims, or even fail absolutely, but there still remains the satisfaction of knowing that no honest, earnest effort to accomplish a worthy purpose is ever quite lost.

MISS PARSONS: It seems to me that the widest publicity should be given to that paper, and I would like to move that a number of reprints be made and that they be distributed over the country very thoroughly, not only among nurses' organizations but women's clubs.

The motion was carried.

SOME POINTS ON ORGANIZATION

BY ANNETTE ALISON, R.N.

An honor indeed has been granted the west, since she has been requested to furnish a paper on this important subject, for in our state a short decade tells the story of our efforts, and it needs must be that my ideas shall deal rather with points which we hope to see accomplished than with anything we have brought to pass. Our problems are identical. Hence with proverbial western spirit we are going to rise in our might and endeavor to solve the questions which are disturbing us, and also the nursing profession throughout the world. In order to get our bearings we will go back to definitions.

An organization is a number of people of like calling banded together for mutual good, and it is valuable to them and to the world in exact proportion to the service it renders. It is the one stable condition which is to solve the problems of mankind, and as a part of the body politic, graduate nurses have come to realize that in organization only, lies their salvation.

The most important point in accomplishing this is to place and keep before our Association the facts which brought them into existence, namely; to establish and maintain cordial coöperation of graduate nurses; to endeavor to obtain broader and higher education of the women entering the nursing profession and thereby better service to the public.

This was the promise held out to the members and in so far as we have kept to that promise we have succeeded, as is borne out by the splendid women in our ranks and the stand taken by them on important issues. That we have also wandered far afield is evidenced by the unrest, the indifference so manifest in our local gatherings, and in our lack of power to control these conditions.

As our national organization is but the united force of the state and county associations, so our county association is but the united force of the nurses within its borders, and of all these the private nurse is the most important, for it is she who spreads the gospel of our mission, who determines our standard, who sways the power, and in just the proportion that we enlist her sympathy and support, we shall succeed. It

would therefore be wisdom on our part to seek a more tangible plan to reach our nurses, a more practical method of holding them, realizing that our highest ideals can only effect our great body when it has been permeated by them through our loyal service to the individual nurse. Our organization is not a political arena nor yet a social ladder for the ambitiously inclined and we must in no sense allow ourselves to be exploited as such. Our organization is the largest body of professional women in the civilized world, our work the greatest gift to mankind, our strength but imperfectly computed, our mission but beginning to know its worth. We place no limit to our task; where the bugle blows, there we are ready; where famine and destruction stalk, there we serve; our watchword, loyalty; our banner, the red cross of service. What a noble heritage is ours, what a privilege to pass it on. The bulwarks of our organization are securely laid in the timbre of which they are constructed, disciplined womanhood. Much is provided us, much is expected of us. I doubt if any other body of women has the basic advantages which are ours. It behooves us therefore to look well to the superstructure we are building, and to skill ourselves to diplomatically handle the questions which will continue to arise in the ranks of the graduate nurse; we must stand in solid array for the rights of the student nurses. When we grasp the importance of our great mission and apply it to the work of our local associations, we are on the way to the solution of our problems.

We have two points to work from, our association and our official registry, which should furnish the educational, the social and the working strength of our organization. Of these two factors, our registry is of the greater importance, for it is at this point the question is to be settled as to our efficiency to handle the work for which we are trained. Influence must be brought to bear upon the nurses in our field and the student bodies of our hospitals, that here is the threshing floor, here they must meet the requirements and abide by them. When we are recognized as the power which furnishes the work, we will have no trouble in securing all local nurses on our membership roll, and our registry privileges should be restricted to the members of our association. We should most decidedly open our lists to all registered nurses. This step augmented by the fact that each state in turn is to work for compulsory registration will eventually place the work in the right hands. Meanwhile it rests with the separate associations to take the initial step in this program by securing the good will of the local medical and hospital associations. These three bodies in every state should work in perfect harmony, our questions are the same, and when we coöperate we shall render to the public what is expected of us, service.

We must have the confidence that the nurse who enters a doctor's office or that of a hospital seeking employment, shall be directed to our official registry, with the kindly assurance that we are the custodians of that part of the work. We must insist that the fact shall be held before the student nurse that here she shall come first, paying her loyal respect to the body of which she may become a member by virtue of graduation, and that no greater dignity can befall her than to enter the ranks of her local association. We must have an effort made to meet the question why the work which should rightly come to us is turned into other places and other hands. Not that we deny the occasional necessity, but we would seek to bind, that occasion and that necessity, leaving all other fields to fair play and justice to the graduate nurse.

Our official registry is the pivot therefore on which revolves the worth of our organization to the community, and should be the object of our greatest solicitude. What is the use of maintaining an official registry when it handles perhaps 1 per cent of the local calls, and furnishes strangers to fill them? What is the use in posing as an incorporated body when we represent but the minimum force of the nurses in our midst, when 90 per cent of our local graduates politely scorn our existence?

These are the questions which should rest heavily upon our associations, the problems which when solved shall prove what organization means. We cannot get around them, they are the canker which has laid hold upon us and which must be destroyed.

I have placed the chief burden of our responsibility upon the power of our registry, but second only stands the part the association is to play, which power is naturally demonstrated at our local gatherings. These from an educational and social standpoint should anticipate our desires in this line and prove the most interesting day in the month to the members. Here should preside the officers who have the confidence and the interest of the members at heart; here should be found the committee which can understandingly handle any question of importance presented by its members. Here should be found less of parliamentary law and more of the law of human kindness. To provide additional interest, could we not have a national form of initiation, something simple, dignified, beautiful, incorporating a pledge of loyalty to our cause? A touch of ceremony is very dear to the average heart and would enhance the honor of membership to no small degree.

The securing of speakers is always a question, and as they generally choose their own subjects, we seldom hear anything about the field which is ours outside of actual nursing. We are shamefully in ignorance of the movements being inaugurated in our great national body,

and we would do well to set aside certain dates for the consideration of these subjects. Could we not have a national committee whose duty it would be to arrange a program covering at least half of our meetings, touching on subjects under way in our national organization, this program to be issued yearly through the medium of our journals, thus bringing before all associations the subject on the same date? This would invite study and competition in the way of discussion and papers.

A point of great importance to the association would be the establishment of a law that the elective offices should all be subject to more general occupancy by the members at large. It is hardly fair to thrust our official duties upon the same people year after year, however obliging they may be in assuming them. I believe it would meet with a vast majority of the general vote that we incorporate in our constitution that no honorary officer shall serve more than two years, and shall then be declared ineligible for five years. This would distribute honors fairly and would develop leaders all along the years.

Great care should be taken not to allow graduates of one hospital to control a board of directors. In all associations there are splendid women from local schools, as well as from other fields, and all as far as possible should be represented, thus promoting the sentiment of fair play.

Would not the question of life-membership be a saving proposition to our associations? This would insure interest, attendance and funds. How many members who meet with us today will be on our rolls five, ten or twenty years hence? yet a life-membership would settle the question for all time.

In these progressive times, with the several branches of our national body already established, let us have one more, the largest and most necessary, the private duty nurse league, it you please, and give her power to manipulate her affairs. Let there be the session free from the influence of hospital boards and the medical fraternity. Only thus will she rise to her proper dignity.

Now I will appeal to the common justice of this body of graduate nurses on another point. What are we doing for our male nurses? Have we any right to make plans without considering their welfare? They were trained to handle a certain part of the general work and it belongs to them. Let us draw the line at the right place, and accord our male nurses the consideration which is their due. Why should not the male nurses be represented at this convention? We are selfish indeed.

Lastly let us raise our standard of good will. Let us seek out the members of our ranks who are working for its uplift only and always.

Let us provide for them a guard of honor, let us give them our unswerving loyalty. If I have happily touched upon points of interest to the rank and file, or have offered even one suggestion to light us on our way, I am your debtor.

A discussion of the two papers followed.

MISS OTT: I want to ask if this Indian Service work is voluntary or by civil service examination?

THE PRESIDENT: Applicants have to take a civil service examination.

MISS ELDREDGE: I would like to ask the speaker if there is a great demand and a great opening at the present time for nurses in the Indian work?

Miss DePeltquestangue replied that she was unable to give exact information as to the number of nurses employed by the Government or of the number needed.

MISS MUMM (Chicago): Is it possible that the inadequate number of nurses in the Indian service is due to the fact that there are not enough to supply the fields there are? I was in a reservation a year ago last winter in Wyoming where there was not a nurse in the whole reservation. I believe a position was opened later, although I am not sure of it.

MISS DEPELTQUESTANGE: That is so in a good many places.

MISS MUMM: And there was only one doctor for the whole Reservation, with an immense distance to cover. I don't think there was anyone to fill that field. They did have a hospital in the neighborhood but it was not adequate for the Indians.

MISS ELDREDGE: I wonder if it would be possible for this association to write an appeal to the Indian Service, calling attention to the tremendous waste of life through the lack of nursing service supply. I don't know whether that is advisable at this time or not.

MISS DEPELTQUESTANGE: I don't know, but if any of you wish for information on the subject, it can be easily obtained by writing to the Department of the Interior, to the Indian Department at Washington.

Later Miss Eldredge made a motion, which was carried, that the Board of Directors be instructed to find out whether an appeal would have any effect and, if so, to present an appeal from the Association for a better nursing supply for the Indians.

Mrs. Alison's paper was then discussed.

MISS STEVENSON: I understood Mrs. Allison to say that there might be advantages in having some general form of initiation or pledge of entry in our organizations. I understand the articles of incorporation of the National include a code of ethics and I wondered if such a code as has been formulated has ever been reduced to definite terms on paper, because, if we have such a code, the endorsement of that would seem to cover the point.

THE PRESIDENT: So far as the president knows, we have nothing in print. I recall in Miss Dock's and Miss Nutting's History of Nursing, when they were

planning a code of ethics, they consulted one of the eminent surgeons who told what difficulty the medical profession has had in fights over its code of ethics. Finally he said, "Be good women." Now we have in our minds and souls a code of ethics, but so far as your president is aware, the American Nurses' Association has nothing in print, though several alumnae organizations have their codes in print.

MISS RUTLEY: I would like to suggest, in regard to Mrs. Alison's comments on increased membership in the organization, that every nurse constitute herself a committee of one, to bring in one nurse during the year so that next year instead of having a representation of thirty thousand nurses, we may represent sixty thousand nurses.

THE SECRETARY PRO TEM: These recommendations might be selected from the papers as soon as we have time to go through them, and made as a recommendation coming from the Board of Directors next year. That may be a long time to wait but still if you did wait, these recommendations would be selected and considered by the Board of Directors and presented later.

THE PRESIDENT: Yes, that can be done so that we may, next year, get the value of some of the points which Mrs. Alison has given us.

MISS WALKER (Cleveland): There is another suggestion in regard to enlarging our membership. I think perhaps, from the day the nurse enters the training school, she ought to be taught that until she leaves.

THE PRESIDENT: We all agree with that. Is there any further discussion on this paper?

MISS WOOD (Peoria, Ill.): I would suggest that these recommendations be put in the AMERICAN JOURNAL OF NURSING and then we can be working to that end. Otherwise we will still stand, perhaps, at thirty thousand in our report for next year. Every nurse should take the AMERICAN JOURNAL OF NURSING or its equivalent and I don't know whether there is an equivalent to the AMERICAN JOURNAL OF NURSING.

THE SECRETARY PRO TEM: If everyone takes the AMERICAN JOURNAL OF NURSING, and reads the number in which this paper will appear and gets these recommendations, they can take some action and follow them out, whether they come from the Board or not.

A DELEGATE: I have been impressed by the reference to, and the more pronounced evidence of the private nurse. While we cannot multiply our organization, it seems to me if some suggestion were made to the individual alumnae associations, they might make a department in their associations in which the private nurse might figure very prominently and we would accomplish what we are aiming for.

Miss Mumm asked about the representation of male nurses and the secretary replied that a number of organizations belonging to the American Nurses' Association have male nurses among their members and that they are, therefore, represented.

THE FUTURE OF THE CENTRAL REGISTRY

By ELIZABETH C. BURGESS, R.N.

This short paper is written that those who hear it may ask themselves, and carry back to their alumnae associations, this question: "What is the future of the central registry to be?"

The central registry for nurses is now established in many cities. To establish such has been one of the aims of the different organized nurses' associations. Now we have come to ask ourselves whether or not these registries are successful, and if they are not, what is the reason?

Perhaps a few questions will help: 1. What place has it made for itself in the community? 2. Do the prominent physicians use it? 3 Is it registering the nurses from the large schools? 4. Do the hospitals and alumnae associations continue their own registries? 5. Is it having any effect on the commercial registry? 6. Is it elevating the standard of nursing? 7. What efforts are being made to broaden its usefulness? 8. Does it provide for all types of patients? 9. Is it furnishing nurses for institutional work, for public health work, hourly nursing and for nursing those of moderate means? 10. Is it controlling the attendant? 11. Is it supported by the individual nurse?

Some of these questions may be answered, I believe, for all centers.

No. 2. Do the prominent physicians use it? Yes, if they are unable to obtain a nurse from their usual calling place, the hospital registry. No. 3. Is it registering the nurses from the large schools? A few only. No. 4. Do the hospitals and alumnae associations continue their own registries? When these registries have been established long before the central registry, in almost all instances they are continued. No. 6. Is it elevating the standard of nursing? It is compelling those who register to be registered nurses in the state.

In cities where the hospital and alumnae registry have been long established the central registry is not getting the support it should have. Individual nurses, being successful, are very careless of the success of others, and therefore the good of the whole. A sort of chasm seems to separate the professional interests of Hospital A and Hospital B and it is difficult to bridge it over. Many nurses have come to feel that just because they are graduates of Hospital A and because that school has a clientele of physicians who have come to believe, along with them, that no one can care for his patient but a graduate of Hospital A, that they can get "a case" whenever they want it, and so they answer the calls in this spirit. These nurses possibly would oppose the central registry because it would bring them into competition with too many and would

merge their school in the greater ranks of registered nurses. This is probably an objection in the minds of some, if not so expressed, even to themselves. We have against it the enlarged opportunities, the stimulus of numbers, and competition, which would present itself to every nurse or association who became an integral part of the central registry.

An incident came to my attention a short time ago such as I presume many have met. A young woman who had been taking a post-graduate course of six months at the school of which I am superintendent, gave her address on leaving as that of a small hospital, where she had obtained a position. I asked her how she had obtained the position and she told me she had registered for institutional work at a certain commercial registry. She is a woman of moderate ability, yet will probably fill the particular position well. I remarked later, it was too bad that such nurses should go to a commercial registry but, on second thought, I reflected that in all probability she would be still searching for a position if she had left it to the school to find it for her or had even registered at the central registry. In other words, the small hospitals go to the commercial registry for assistance.

Without a doubt the success or failure of our central registries lie in the hands of the nurses. It should have the unqualified support of the hospitals both large and small, of the superintendents of nurses, of the alumnae associations, and of the individual nurse. In most instances the various alumnae associations who go to make up the county, district, or other nursing group have voted and have been instrumental in the starting of the registry. They then leave it entirely alone, dependent on the work of a few women, the committee members, who work hard to support it. It meets the need of the out-of-town graduate, it registers the graduates of the small school in town; the hospitals send it occasional calls when their own lists are exhausted; it pays expenses and there is stops.

I can foresee two futures for the central registry, one a hard-working registry doing for the out-of-town graduate and a few others what the school registry does for its own, and so simply adding one more to the many registries in existence; or a registry which is a factor in the community; supplying nurses of all schools to rich and poor; helping to create uniform standards and wipe out class distinction; supplying nurses for institutional or public health nursing; a registry through which the problem of nursing those of moderate means has been met; which is controlling the attendant and wiping out the commercial registry.

Of these two futures, which shall it be? Will you take the question home, make it a subject not only for discussion in the alumnae asso-

ciation but for action? We so frequently talk of these things and do nothing.

MRS. O'NEAL: I think possibly one of the reasons why we have these difficulties in regard to central directories is that we have not succeeded in reaching the place where we have a combination of a comfortable club and a home and the business directory. I think when we can reach that point we would have a great deal better results. I think in any city or town they can afford to keep one good big registry rather than so many small ones.

MISS AHRENS (Chicago): I feel that we owe largely the success of the directory, which was started such a short time ago to a number of the large schools in our city. The first school that was ready to turn over its directory was the Illinois Training School, then the Presbyterian, next the Augustana and then the Hahnemann, and a number of the smaller hospitals also. We are not discouraged because two or three of our larger ones have not come in, because we believe they will. The point Miss Burgess made on the question of nurses' alumnae associations feeling they were losing their identity and feeling they were not ready to come into competition with other schools, I believe has much to do with it, and I believe is the reason why many of our larger schools have not come in.

The point that the last member made regarding club houses is I am sure, the first step. Our directory is a combination with the club house. We have not as yet accommodations for many, but we hope to have in the very near future. We have now a house that accommodates twenty, but at the end of three years we will have a place that must accommodate at least one hundred or one hundred and fifty women; and in that building there must be offices and all sorts of conveniences for nurses and for their organizations. We must bring our organizations together. That has happened in our present situation. Our alumnae associations are holding their alumnae meetings in the club house. Committees are holding their committee meetings there. The state association makes its headquarters there, and we are bringing everything that is possible to bring under the one roof; and that, we claim, is the secret of success.

Now, in Chicago the members say that they are afraid to invite anyone to their own home when a guest comes from out of town, "because Miss Ahrens will find fault that they have not been entertained and invited to the Club;" and that is exactly the stand we must take. If women come there from different sections of the country, they must come to our Club. We must entertain them there. We must have the nurses meet them, and give them an opportunity to know what we are doing.

The question of the physicians using the directory, is entirely in the hands of the nurses themselves, in the hands of the alumnae associations. Take the Presbyterian Hospital, where you have to cater to a large number of our physicians, I think today probably some of them still are calling the Presbyterian Hospital when they want a nurse. At the beginning, those in the office called up the directory and secured the nurse for the doctor. Today they are saying "If you will get such and such a number, I am sure they can furnish you a nurse;" and they are gradually taking the opportunity of using the directory. There is no question but that this sort of organizing and getting together will result in a broader usefulness in every direction and in every department of nursing, whether it is institutional, public health or private duty. It is really remarkable how many

public health nurses have been placed through our directory; quite as many institutional positions have been filled.

Now, as to the commercial directory, the only way we are going to get rid of it is by doing this thing ourselves; when we, as nurses, realize the way we are being imposed upon by commercial directories. We certainly have a big piece of work before us. A young woman came into the office of our directory a short time ago and wished to register. She was from out of town, she had been in Chicago nine months and had been registering at one of the large commercial directories. I said, "Why did you go there?" She said, "I knew of no other place to go to and someone told me that was where I could get work." I said, "Tell me what you have been paying." She said, "I paid $2.50 as registration fee, and then a percentage upon my earnings and that percentage was 10 per cent." I said, "10 per cent of the amount which you received through this directory, or did you pay 10 per cent on all cases received from other channels?" She said, "10 per cent of all my earnings, whether received through the directory or not, and in nine months I have paid a little over one hundred dollars to this directory." Now, I think it is time that we, as nurses should come to the front and do this thing and do it well. The commercial directories in Chicago are already beginning to feel the work that we are doing, and are spending considerable money in advertising and that is what we must do. The point was brought our yesterday when this question came up that it is necessary for us to give publicity to the question of what we can do and when and where and how well we are doing it.

THE PRESIDENT: Certainly one of the very best ways of advertising the central registry is to throw open the doors to the stranger nurse passing through who may come from any section of the state.

MISS WALKER (Cleveland): At one of our Board meetings in Cleveland the superintendent of one hospital said, "What can we do to help nurses who have come from undesirable schools?" We immediately established the plan that when they go to the superintendents of the larger hospitals they shall refer these girls to the club house where they can get all the information about schools that they want.

MISS ELDREDGE: The book on Accredited Schools issued by the Central Committee on Legislation and Information is a most valuable book of information. It tells what hospitals are registered, the course of training, etc., in the different states. Every nurse and every directory and every training school should have a copy of this for their assistance.

THE PRESIDENT: I am glad Miss Eldredge has mentioned this, because this pamphlet to which she refers is the first publication of the sort gotten out by the American Nurses' Association. At intervals we hope to get out such a publication for the purpose of making the changes that occur during the year, so at regular intervals there will appear a fresh edition.

A discussion followed on what constitutes the difference between a commercial and a professional registry, one question being whether a directory conducted by physicians for their own convenience, fees being used for a medical library, should be classed as commercial. It was the concensus of opinion of a member of speakers that the difference between a commercial and a professional registry could be summed up as follows: A commercial registry is one established and

conducted by an individual, man or woman, trained or untrained as a nurse, a druggist, a correspondence school, an organization of physicians, or a hospital, as a means of making money, the proceeds from fees etc., reverting exclusively to such individual or organization,where both trained and untrained nurses may be registered on an equal footing, and where a good professional and moral status is not insisted upon. A professional directory is one conducted by an organization of nurses for the convenience and protection of the public and of the medical profession, as a means of securing employment for nurses of recognized schools only, for the upholding and advancement of nursing ethics and standards, where every nurse registered has been thoroughly investigated as to her moral and professional qualifications, and where the fees so obtained, when in excess of the necessary cost of conducting such a registry, are used by the association for the development of the undertaking. School registries, conducted by alumnae associations for the graduates of one school, and central registries, governed by some central body of nurses, preferably a county or city association, seem to be the only ones that may be classed under the head of professional registries and the preference of the speakers was for the central directory.

Miss Giberson moved that the Board of Directors should consider sending a letter to the different hospital superintendents asking them to coöperate with the central directories. Carried.

Miss Ahrens moved that a similar letter be sent to the alumnae associations. Carried.

Miss Montgomery moved that these recommendations be placed before the Board of Directors for consideration. Carried.

After several announcements, the meeting was adjourned.

THURSDAY AFTERNOON, JUNE 24

SESSION ON LEGISLATION

JOINT MEETING OF THE AMERICAN NURSES' ASSOCIATION AND THE NATIONAL LEAGUE OF NURSING EDUCATION

ANNA C. JAMME, *Chairman*

All representatives of boards of examiners were invited to the platform.

THE CHAIRMAN: The Program Committee which arranged for this special session on legislation sent out a circular letter to every board of examiners in the country, specifying definitely what topics would be discussed in order that the

different representatives might be prepared for the discussions and might have their ideas in concrete form before they were brought up on the floor. This was the outline that was sent out:

Proposed subjects for discussion at the Section on Legislation.

1. (a) Administration of the laws by a board of nurses versus (b) Administration by a medical board; (c) Administration by state board of health; (d) Administration by regents of a university. 2. Headquarters of administration. Location, office, equipment, system of filing, assistants, clerks, etc. 3. Basis of reciprocity. 4. Setting of examination questions. 5. General legislation pertaining to nurses and nursing. 6. Open discussion on subjects introduced by members. When this was submitted to the Program Committee it was feared that it was too extensive to bring up at a short session which could only cover about two hours, so it was requested that we have two sessions. We have already had one session, as you noticed by your program, and took up topic number two, "Headquarters of Administration" and topic number four, "Setting of examination questions." That brings us now to the topics that are left over. It is now fourteen years since registration in the United States was born. As we know, it was born at our International meeting held in Buffalo, the only one that has been held in this country. Now that forty-two states have registration laws on their statute books, it seems a fitting time for us to consider the machinery that is operating our laws and to ask ourselves: "Has our machinery the constructive force that we had thought it was going to have? Have we realized our aims and our expectations in obtaining registration? We know what an education registration has been to us. We know the heartbreaks that it has brought to us; we know what it means to be measured by a legislator and by a legislature. We have been able to see ourselves in the eyes of the legislature in a way that is often not very complimentary to us. We all know the scalding tears and the bitter disappointments we have had in this fight for our registration, for our local status; and now I think it is a fitting time, after fourteen years of hard work, to quietly sit down and think over what we have, whether it is giving us the constructive upbuilding that we want. No doubt there is hardly a state but feels that its registration law could be improved upon.

ADMINISTRATION OF REGISTRATION LAWS BY A BOARD OF NURSES

By JANE V. DOYLE, R.N.

Given the proper personality and qualifications, it would seem that an examination board composed of nurses would be the most satisfactory to the nursing profession. No other profession would admit, for an instant, the need to call on outsiders to administer its law, nor would it indeed submit to such an arrangement. It is reasonable to suppose that women who have been through hospital training and have had the difficulties and shortcomings to meet in their daily lives, might best understand how to go about improving the existing conditions and to coöperate with the superintendents of training schools in safeguarding the health and conduct of nurses while being trained. This phase

of the work of registration may not seem important in sections of the country where the training of nurses is more nearly ideal, but is very much so in less favored places.

Speaking specifically of the Oregon law, which is administered by a board of three nurses, it is doubtful whether any others but nurses would have had the patience and perseverance to work out the plan of construction and helpfulness that has been necessary, and without antagonizing or creating unnecessary hardship for institutions that were honestly striving to raise their standard.

It has been pioneer work in training schools which, in some respects, have not advanced far beyond their own pioneer methods, yet something has been accomplished in the fact that a general awakening has taken place to the necessity for improvement, with a complete change for the better in some instances and a gradual change in others.

Members of a state board of health serve without remuneration and are in active practice and by confession of one of their own members, they find so many inadequate health ordinances and these so difficult to enforce, that they are discouraged and do as little as possible. How then can we expect them to administer the law for another profession, even so closely allied?

The point has been raised that boards of health, regents or medical men, lend dignity to a registration board, through their advantages of equipment and experience. This, to me, is a confession of weakness on our part which I am not willing to admit. The ideal administration of a nurse registration law will be a board of nurses. First: Nurses alone will give the time, thought and sympathy necessary to constructive work. Second: We have the material to administer our own laws and whatever the failures and shortcomings, we will meet the demands upon us. As Lowell says:

> New occasions teach new duties,
> Time makes ancient good uncouth.

After all, why should others administer the law that only nurses have worked for? The law was conceived by women, themselves nurses, who were and are the educators of nurses, out of the realization that the profession of trained nursing with its rapid and extended growth, had already reached the place where a decided course of standardization must be made. The registration and examination of nurses surely means more to us than the conducting of examinations and issuing of certificates of registration and who could possibly have the welfare of our work at heart more than we? Why turn this work over to another form of administration and allow it to become, in time, subject to the mere routine work of a bureau?

THE CHAIRMAN: The second topic is Administration by a Medical Board. Louisiana has a board of physicians whose names are proposed to the Governor, so that the nurses nominate for their board. In Louisiana, I understand, a woman is not allowed to hold a state position and for that reason the law is administered by physicians. I will read a letter from Louisiana which says in part: "The objections to a medical board are the lack of interest and unwillingness to work, also the lack of familiarity with the knowledge that a competent nurse really must have. In this state the members of the Board are appointed by the Governor on the selection of the State Nurses' Association, which means that this organization is directly responsible for the personnel of the Board. The only advantage that a complete medical board has is that it is perhaps further removed from nursing politics." That is all the material we were able to gather in regard to Administration by a Medical Board.

Our next topic is Administration by State Board of Health. Miss Johnson of Iowa was to have presented that paper. In her absence I may say, for the state of California, that we are under a State Board of Health. Viewing the inauguration of the work of registration from our headquarters at the Capitol, it would seem to me that the administration by the State Board of Health was of great advantage. The organization of the work in California is peculiar. It is different in this: That the organization of the State Board of Health is different from the organization of other state boards of health. It consists of seven bureaus, each in charge of a director. The bureau of Registration of Nurses is in charge of a director who is a registered nurse. Each director is responsible for the conduct of the bureau. The policy of the California State Board of Health has been one of assistance and sympathetic interest and, as a body outside of so-called politics or medical politics, it is free to act very independently and the nurses of the state have been protected by the force of the machinery of the State Board of Health.

In speaking of an administration under such machinery, I can only voice my earnest and heartfelt enthusiasm for the work as it has been developed in California.

ADMINISTRATION OF REGISTRATION LAWS BY REGENTS OF A UNIVERSITY

BY NANCY E. CADMUS, R.N.

New York is the only state which operates its registration laws upon this plan. This state will therefore furnish the data for the following paper.

University: The University of the State of New York was incorporated in 1784; the Department of Education was organized in 1854, and the unification of the two was secured in 1904. The personnel of the University includes the Regents, a body of twelve men; the President of the University, who is also Commissioner of Education; three Assistant Commissioners; Director of State and Science Museum; and thirteen Chiefs of Divisions.

Regents: The scope of the duties of the Regents is that of "Custodians of Education," and in this body is vested the power of incor-

poration and registration. Incorporation by the Regents is defined as "the granting of corporate powers to an institution engaged in educational work, the evidence of which is the charter." Registration under the Regents is defined as "the formal act of the Regents recognizing that an institution is meeting the requirements of the act of incorporation, also those of the Regents which are attested by the certificate of registration and the annual announcement in the handbook.

Origin of Plan: As far back as November 1899, Sophia F. Palmer read the following paper before the New York Federation of Women's Clubs:

I wish to devote the little time allowed to me to the consideration of a subject which I believe to be of great importance to all people in this state who are interested in nursing matters. The idea is not original, but what I shall say is with special reference to the nursing requirements and the educational laws of the state of New York. The greatest need in the nursing profession today is the passage of a law that shall place training schools for nurses under the supervision of the University of the State of New York. The difficulties under which we labor are these: there are a great number of small hospitals, special private hospitals, and sanitariums, that use a training school as the cheapest form of service for their patients. There is no way for the public to discriminate between a diploma issued by one of these schools, and the diploma of a school connected with an incorporated general hospital, giving a full term of instruction in all branches of nursing.

A woman whose experience is confined to one branch of nursing is not a trained nurse in the fullest sense of the term, yet the profession is flooded with such women who are thrown upon the public as competent nurses. Such a law would reach another type of woman, the discharged pupil or, as she is known in the profession, the rejected probationer, the woman who, for cause, physical or moral, has been dropped from a training school, but who continues to wear the uniform since there is no law to prevent her doing so, and to pose as a graduate from the school from which she has been discharged. Such a law applied to training schools would require every such school to bring its standard up to a given point fixed by the University of the State of New York or to close its doors. It would require every woman who wished to practice nursing; first to obtain a diploma from a training school recognized by the University of the State of New York; second, to pass a Regents' examination; third, to register her license to practice exactly as a physician is required to do.

Until the responsibilities of the nursing profession are placed under the nurses themselves the profession can never rank with the other professions. This makes it of vital importance that the examining boards shall be selected from nurses in practically the same manner that medical boards are chosen from physicians, that pharmacists, dentists and teachers are examined each by members of their own profession. It would be death to all progress in nursing development if at this important period in its history the nursing profession were to be given lees honorable recognition than that accorded to any one of the professions I have mentioned.

Such a law would not be retroactive, although after it had gone into effect every graduate would undoubtedly be required to register her diploma and only

the women whom I have described as discharged nurses would be thrown out of work in the beginning. Such a law would place nursing upon a firm professional basis. It would bring into the profession a greater number of highly cultured women; it would protect the public and the nurses themselves against impostors and incompetent women.

The effort to pass such a law must come simultaneously from the nurses throughout the state, and they must have the support and coöperation of hospital managers and the reflective members of every community.

Organization: In April, 1901, a "preliminary meeting to organize a state association of nurses with the object of securing legislation which ultimately shall place training schools for nurses under the University of the State of New York" was called in Albany.

Legislation: Following the organization of the New York State Nurses' Association, great activity in legislative measures manifested itself. However, not until April 24, 1903, were the nurses' efforts rewarded. The "Nurse Practice Act" was then passed whereby a foundation was laid for the standardization of nursing. It was about this time that Eva M. Allertion, a close associate of Miss Palmer in those pioneer days, made a complaint that "the University of the State controls the output of hundreds of institutions of learning, as for example, the state academies, colleges, universities, professional and technical schools, but the University of the State does not in any way control the output of nursing institutions." Time will not permit me to eulogize these two nurses as I am prompted to do. I can only say that the masterly power in originating, and the skillful handling of the influences necessary to the success of the plan, were lodged in them. It is to them that we all feel it a privilege to pay the tribute due to those who bring to a conclusion great and vital matters.

Very early in the history of this campaign for the educational betterment of the schools of nursing, two opposing forces occupied the field. The majority contended that the nurses should avoid all entangling alliances." The minority took the ground that "even in their legal status nurses should be subordinate to their medical associates," and the latter further contended that "the medical profession should be represented upon the Board of Nurse Examiners."

The legislative difficulties with their causes may be briefly stated. The bitterest opposition arose among the commercial interests which would naturally suffer under the standardization of nursing; influence of traditions concerning nursing was felt, and worse than all else, there was the apathy of a goodly portion of the nurses themselves. These facts coupled with a sore lack of an educated public mind brought about the necessity of modifications of what was originally felt to be best. Furthermore, the correspondence schools and short-course schools

have been a factor in retarding a development that might have been secured in this movement for standardizing nursing. Each year these schools are sending out scores of correspondence and short-course nurses, if one may justly apply that term to them, in full uniform and to all outward appearances genuine nurses, who charge prices equal to those of many hospital graduates. Naturally much confusion already exists in the public mind and will undoubtedly continue to exist until protection for registration is secured.

The Nurse Practice Act: The Nurse Practice Act, as amended in 1913, possesses four statutory requirements. These are: (1) preliminary education; (2) professional training; (3) licensing tests, and (4) registry. A broad waiver provided liberally for the nurses graduated before, or who were in training on, April 24, 1903. The operation of this plan as defined in the Public Health Law for the Registration of Nurses under the Administration of the Regents deals both with the school and its graduates. A school secures its classification as a professional institution, first, through incorporation and second, through registration under those requirements which are set forth by the Regents. Registered training schools may not admit students who do not qualify as to preliminary education, the minimum requirement being one year of high school or its equivalent. The superintendent of a registered training school submits to the Department of Education a statement of the credentials of each probationer. This statement is duly filled out by the applicant, who in return receives a card of approval (a certificate accompanies this), providing she has satisfactorily met the requirements of the Nurse Practice Act. This card is kept on file in the office of the superintendent of the training school. These admission provisions practically constitute the nurse's eligibility for registration with examination, should she complete her course.

General Plan of Administration: The Assistant Commissioner of Higher Education is in direct charge of the nursing, just as he is of all other professions. Thus he is by the virtue of the duties of his office, the connecting link between the Regents and the nursing profession.

A Council, a Board of Nurse Examiners, a Chief of Examinations Division, and an Inspector of Nurse Training Schools, constitute the corps required to control nursing affairs under this plan.

All the details connected with certificates of registration are handled in the Examinations Division under the chief of that department.

The Council consists of five nurses, the inspector of nurse training schools, two hospital directors, the president of the State Medical Association, a representative from the State Board of Health, and another representative from the New York City Board of Health.

This Council, together with the councils of the other professions, secures direct recognition by the Regents. The essential duties of the Nurse Council are the arrangement of the syllabus and the formation of the school curriculum. This Council also may be regarded as the court of adjustment and advice at all times when the affairs of the nurses are properly brought before the Regents.

The duties of the Board of Nurse Examiners are: the determining of the eligibility of candidates, the accepting or rejecting of those applying whether by examination or under the waiver. This Board prepares the questions in theory, outlines and conducts all practical examinations, and reviews and determines the ratings of the papers of the candidates in the various subjects.

At the very inception of the idea of this plan of government, the belief was manifested that the integrity of this Board of Examiners should be upheld. Upon this position the nurses have been assailed again and again, but both the Commissioner of Education and the Regents have expressed their conviction in favor of the attitude taken by the nurses. They feel that inasmuch as the boards of examiners of other professions are composed of members of each particular profession, it is the logical conclusion that nurses should be examined by nurses.

The Council may be regarded as the fore-word, the Board of Examiners, the after-word in the education of the nurse under this plan of government.

Inspection: "Every institution admitted to the University by the Regents, by charter or other formal act, is subject to inspection," hence the Inspector of Nurse Training Schools. Since this official resides in the capitol of the state, has her office in the Education Building, and is in constant touch with the First Assistant Commissioner of Education, her value is obvious. The state makes no special appropriation for inspections. It is therefore necessary that appropriations for inspections should be provided for from the fees of candidates seeking registration.

As the title implies, this inspector's duty is to inspect the training schools; this, however, does not apply solely to those schools already enjoying registration. It may also apply to those seeking it. It is by no means to be inferred, however, that the work of this official terminates with her inspection duties. It is largely to her that the organized nurses of the state look for a supervision and protection of their interests. The office of the inspector in the Education Department at Albany is practically a bureau of nursing and the inspector acts as secretary.

Effects of the Plan: The operation of this plan of administration of nurse registration has, beyond all question, wrought great benefits and improvements. Some of the results of the plan are already evidenced in the better conditions for student nurses in their physical requirements; the abolition of the practice of sending out student nurses for the purpose of earning money for the hospital; more effective measures to conserve the health and energies of hospital workers; efforts to reduce the long hours of duty to a reasonable length of time; and a gradual awakening of the public mind to the obligations of the hospital to its school, to its nurses, and to public health. Another important result has been the raising of the standard of the schools and of school work. Schools are now beginning to understand that in order to draw upon the better educated women they must offer special instructors; well-equipped class and demonstration rooms; and a clearly-defined intention on the part of the authorities to carry out such pledges to the nurses as are set forth in the usual training school prospectus.

Effects upon Openings for Nurses: Boards of health, life insurance companies, settlements, milk stations, steamship companies, factories and department stores maintaining emergency rooms, in short, all worthy agencies engaged in the conservation of public health, now demand the nurse who possesses a professional status. Surely there is needed no stronger emphasis of the fact that nursing ought to be ranked with the other professional forces than the attitude of the American Red Cross under the present overwhelming demands.

The Alumnae Association: This paper should not be brought to a close without a word concerning the effects of the plan upon the alumnae association. The awakening of the hospital graduate to the importance of the part which her alumnae association should play in nursing interests has been one of its most cheering results. Through the efforts and influence of their graduates thus organized, several schools have been prevailed upon to improve their standards and to secure registration under the Regents.

I believe I can safely consider that I am speaking for the registered nurses of New York State when I assert that the value to nurses, individually and collectively, of a classification among the educational forces of the state, has promoted efficiency to such an extent that we stand ready to pronounce ourselves in favor of the plan of the government of the Registration of Nurses by the Regents.

The chairman asked some one to tell about administration of registration by a mixed board—one composed of physicians and nurses and called upon Miss Lawson of Ohio.

MISS LAWSON: Our law, signed by the Governor on May 3, provides for an entrance examiner who is an educator; the examiner of the State Medical Board and three nurses, one of whom shall be the chief examiner. These three appointments are made from ten nominations made by the Ohio State Association of Graduate Nurses; all appointments under the jurisdiction of the State Medical Board. Our law requires one year in a first grade high-school, or four units, as evaluated by a section of the state law already in operation.

The chairman then asked for a general discussion of the papers.

MISS SQUIRE (New Jersey): We are not as fortunate as you have been in California, as to having such a splendid department of health. Our Public Health Committee is simply a political machine; neither are we fortunate in having a Board of Regents, and the physicians in New Jersey, to whom we look for assistance and whom we would have liked to have assist us in administering registration laws, felt that the Board should be composed entirely of nurses themselves. Those that were willing to serve and who sought to serve were not in repute of their own profession. The only thing they did was to draft a law asking for a twenty dollar fee for registration, the proceeds to be divided among the members of the Board at the end of the year.

A communication from a member of the Board of Examiners of Georgia was read: "A Board of Nurses is ideal in theory only and falls far short of what was expected of it. Animosity is aroused by rejected candidates and rejected schools. Appointment of members of board is frequently a political issue." Recommends that administration should be placed under state education boards rather than medical or boards of health. Must be located where secretary is. The office of secretary should be permanent and held only by those whose occupation permits them to be at their desk for stated periods. Georgia secretary provides her own office in her home and when rushed with work employes an assistant at her own expense. Card System: All data on one card, register kept of all registered nurses. Individual states should be gradually moulded in accordance with a general standard and all future amendments should be held back until such time as we know just what general standing is to be adopted. That a National Bureau of Legislation for the purpose of studying and conferring with the various state legislative committees should be established, also to instruct the state associations on the contemplated changes in their laws. Reciprocity cannot be systematically carried out until this is accomplished.

The chairman called on Miss Palmer.

MISS PALMER: I would like to say this to you who are working along the lines of obtaining new laws at the present time, that you can have no conception of the antagonism and of the opposition which was aroused when the nurses of New York had the courage and the impertinence to ask the legislature for a

board of examiners composed entirely of their own members. It is impossible to give you any adequate idea of the tremendous opposition, the character of it, and particularly the opposition from medical men and from reputable medical men whom we felt should be with us. We were told by the best men who advised with us to keep out of medical politics; that if we could not obtain a board composed of our own members, to wait; that the minute we had even one doctor on our board, we would be getting into medical politics to such an extent that we could not expect to have justice in any direction, either for ourselves or for the candidates we were examining or in the administration of our law. In regard to the matter of the mixed boards: I have, of course, been deeply interested in this question, and I have kept in close touch with the nurses who have been serving on those mixed boards in a number of the states. I have periodically, as I have written to them, asked them how their work was progressing and whether they found doctors on those boards of any special value to them; and, excepting where the representatives have been members of the board of health and salaried officers in the board of health I have not known of a single board that has profited in any way by having doctors serving with them. They have proved to be an obstacle in most states. I have had confidential assurance to that effect from the women associated with them, and I believe that will always be so. As we said in the beginning, and have said over and over again, among ourselves, and in the JOURNAL and as has been said here this afternoon, the men whom we could trust have not time to give to that part of our work, and the men who are willing to do it for the small amount of remuneration there is in it we cannot trust to do our work justly for us. That is just where we stand today, as I said when we first went before the legislature in the state of New York. Thrash out all these problems as they come to you, in order that you may stand independently and manage the affairs of your state independently. Remember this: a very poor law is very much worse than no law at all, because the poor law handicaps you. It seems that once you get a law on your statute books and you have a doctor in any way connected with it, you cannot get it off.

The chairman asked Miss Riddle to speak.

MISS RIDDLE: As I said the other morning in our session on legislation, I have always made it a point to keep very quiet regarding the law for registration in Massachusetts. We know we have a poor law but we have tried to make the best of it; therefore the people who have been appointed to administer it have tried to act wisely. The Board is composed of three nurses and two physicians, one of whom shall be the examiner of the Board for Registration in Medicine, and the other shall be a doctor, superintendent of a hospital having a training school, giving at least a two years' course and he shall be appointed by the Governor as are the other members of the Board. We are in the majority, and we have found and we have taught that we were really benefited by our connection with the Board of Registration in Medicine. It gives us a standing immediately at the State House which we should have had to work very hard to obtain otherwise. It gives us a system of record keeping and examinations which we would have had to develop ourselves. We copy many things from them which we thought were to our advantage. It was not our idea that we should have our Board particularly composed of doctors, but I believe I express the sentiment of the other nurse members of the Board when I say that we think we are really better as it

is, and we are glad we have had the advantage of their experience and that we have the advantage of their offices, which were increased to meet our demands; and it is just as much the office of the Board of Registration for Nurses in the Capitol as it is the office of the Board for Registration in Medicine.

THE CHAIRMAN: We feel, I am sure, that Miss Riddle has struck a very dominant and important note when she says that the administration machinery should be situated at the Capitol of the state. It takes on dignity. It has a standing with other commissions and other departments of state and there is no doubt but that we can strengthen our work very much by having our administration machinery located with the other administrative machinery of the Capitol.

Miss Wilkinson of the State of Washington was asked to speak on the Basis of Reciprocity.

It is with great diffidence that I approach this important subject that confronts us. We all feel the necessity for it, and I think none of us have a very clear idea of how it can be brought about. There is no doubt that registration has made a most wonderful improvement in training schools, not only in the subjects taught and the manner in which they are taught, but also in stimulating the pupils to better study. It is very gratifying to notice the improvement in the answers to questions each year. For instance, in my own state, the percentage of failures this year was one-fifth what it was four years ago, and of those who failed, only three were of this year's graduates.

While registration is not required by law, it is made practically compulsory by the superintendents of the training schools, and the pupils themselves nearly all desire to take the examination. It is interesting to note that the only places where they are indifferent are in those sections of the state where they have no nurses' associations and where they cannot see the value of having one. As to reciprocity, we shall certainly have it before many years, but we must get ready for it now. To my mind, the first step and one of the most important is the standard of education required of the pupil nurse. I feel that if some nurse could talk before the girls in the high schools and colleges and show them the advantages and opportunities in the nursing field, they would not have difficulty in getting of their best. I was asked to talk to the senior pupils of the Domestic Science class at the Normal School a short time ago. At the end of the hour's talk, I invited them to visit the hospital. Within a week nearly every one of them had availed herself of the invitation, and later two of them applied for admission to the training school. Next, will be the age limit. Personally, I would rather have girls who had not taken up any other line of work. They make, usually, better students, are more enthusiastic, and have a higher ideal of their profession. Then there should be a standard curriculum, and a registered nurse at the head of each training school, who would see that each subject is thoroughly taught. The length of the training should be uniform. One of the hardest problems will be the number of beds required, and the average number of patients per day. In many parts of the country, where the population is scattered, the small hospital is a necessity, and to not register these, would not only work very great hardship on the hospitals themselves, but also on the communities in which they are placed. I feel that a general hospital, say of even twenty or thirty patients, and a good superintendent of nurses who is conscientious in her work, can graduate pupils who can compare very favorably with those from the large

schools. Lastly, there must be uniformity in the laws governing registration, and also in the rules regarding these laws. We probably, in all of the states, have weak points, which we would like corrected but hesitate to approach our legislators, for fear they might be changed in a way we do not ask. When many of our laws were passed, we could not prove, we could only say that we believed, it would be a great advantage to the public to have registration, but now it is no longer an experiment and I believe that when the time comes to try to have uniformity and we can show our legislators that it is the concerted effort of all the nurses, in all of the states, and can show them the tremendous advantage it has been, there will be little difficulty in having them passed.

Miss Goodrich was then asked to speak.

MISS GOODRICH: We all have to obtain the laws in each state as we can best obtain them. We all recognize the different requirements that have to be met in the laws that have been passed; also those of us who have worked to pass laws know that the bill which we start out with is not the bill that goes on the statute books. I believe that through the controlling bodies, that is to say, in most instances the Board of Nurse Examiners, or as in New York State, that part of the educational department machinery that has to do with the legislation governing the practice of nursing, through these bodies only can we work out such a uniform standard of education that we can eventually have interstate reciprocity. I believe it has already been suggested that there be some committee or council from the Board of Examiners to carefully study this situation.

In New York State we have no reciprocity clause under our law; we have tried to amend it to put in such a clause, but the question came up as to the difficulty in the different requirements. For instance, in one state an educational requirement for admission to the school is different from that in other states, or the term of professional training differs and it is obvious that that state can only reciprocate with another state that maintains the same standards. We must, therefore determine, and I think it is distinctly the duty of our organizations, to determine on what we will consider a minimum standard for any state. Through that minimum standard we can probably obtain reciprocity which will eventually include all states. We can only raise up these states that are below our minimum, and try in some way to put in a clause for the states where the standard is so much higher that we cannot come up to it. Let me give you an example: Maryland has an excellent law which requires full high school and three years of professional training. They would not reciprocate with us in New York State where our educational qualification is one year of the high school and where the term of our professional training is two years of the training school. Those are examples of differences. But, after all, while we regret and deplore that we cannot obtain interstate reciprocity, we are working toward this, and all the time in some way we are managing to get a better and more uniform standard of laws. I think that is what we must concentrate on; and, while I have not been asked to speak of it, I am going to attempt to speak on this particular subject, and I will ask Miss Jamme's permission to put aside for the moment the question of reciprocity, which is such a hard problem, and which I feel can only be handled by careful study and will speak to you on the whole proposition of what can be done for nursing through our boards of examiners or whatever the controlling power of the nursing legislation is.

Last year a course was suggested at Teachers' College by Miss Nutting on "State Relation to Nursing Education." I don't know how enlightening it was to the pupils but I assure you that it was very enlightening to the instructor. When you begin to study this question, you look over the whole field and you see, in the first place, what we want to prepare these nurses for. We want to see who is taking care of the sick in the community, who is doing preventive work, and what their preparation is for this work. You cannot study very long without seeing what a power our boards of examiners could be, in the first place, in gathering information; in the second place, in raising the standards of the schools and the studies in the schools of nursing; and in the third place, by getting together state statistics. If we do that, we can have a very powerful weapon when we want to go to the government, whether federal, municipal or state, and say, "Here is what these servants of the state can do for the benefit of the state. What will you do toward helping her toward getting such an educational opportunity; what will you do toward helping her to meet these obligations and opportunities?" I have just two or three examples to show you what I mean: If you go over all of our laws and study them, you will find (and let me commend to you Miss Boyd's recently revised book on State Registration; it gives all the laws, a summary of them, and many interesting details) that one of the most important subjects for a nurse to be familiar with is omitted in nearly every outline of the subject in which the pupils are to be examined. I would almost like to have you guess what it is. It is children's diseases. Now, if the statistics are correct concerning infant mortality and children's diseases and everything that pertains to the child, there is no cause that makes more demand upon the nurse than the care of children, pediatrics. It would seem obvious, therefore, that not an examination in theory only should be required, but that very definite experience should be required in the care of the sick child. That is the first thing. There is just one state that includes in the list of subjects for examination, an examination in mental diseases; and yet you can hardly move anywhere without seeing now statements concerning various mental conditions, and you are met with the appalling statement that in many states the proportion of insane to sane is one to two hundred. Consequently you begin to wonder if it is not very important to determine what shall be the experience of the nurse for the conditions which exist in the community; and her preparation should be from that basis. It has been well said that the nurse cannot have every experience required to render service. Undoubtedly in the future we shall have a very highly specialized group of people. We are becoming specialized, but there are certain fundamental experiences which every nurse should have; and until the time shall come when every family can afford, if a case of appendicitis develops pneumonia, a nurse to take care of the patient medically, and if the child takes sick when the other patient is convalescing, the family can have another nurse to take care of the child, it would seem a good thing for the nurse to have a pretty general all around training. We know she can get that in three years, if that three years is properly divided.

So much for the survey of the field to show what these nurses are prepared in; what are the fields she needs to have experience in; what are the steps in which she should be examined. Then I think we ought to be able to turn to the boards of examiners or governing bodies to find out just exactly what the nursing status is in any given state. We ought to know how many there are that are registered, we ought to know how many there are that are trained and how many untrained;

and we ought to go further than that and be able to tell, through our nurses' boards, what municipality and state work our nurses are doing, just how much she is the public servant that we claim she is. If the prophecies are true, we shall soon have as school nurses something like ten thousand women. We also want to know what the number of nurses is who are doing philanthropic work in the community. We are constantly met with these statements, and I think we should consider them, that only ten per cent of the sick are being cared for by the trained nurse. We cannot answer that statement. We cannot answer it in New York State with all our highly systematized control of nursing education. We have twelve thousand six hundred nurses registered, fifty-six hundred in the State Nurses' Association. I don't know how many untrained we have, but I think we ought to be able to say just how many untrained nurses we have that are taking care of this large majority of people who cannot afford trained nurses. I think we ought to be able to say: "Here are over twelve thousand registered nurses that we know are practicing in this state, and we know every one of them." I will qualify that. I think some three or four thousand have been registered under the waiver of 1903, which meant that nurses then in the field were registered; but we can say without any exaggeration that we have between nine and ten thousand women who are practicing and who have given at least two years, and in many instances, three years, of free nursing service in the hospitals to obtain that registration; and if we actually went in to make a study of that, I think we could show that these women gave, who are registered, as many days of free nursing service as any commercial or correspondence school nurse that was ever turned out gave of cheap service; and that when they gave that service, they were under the most careful supervision and instruction; or, in other words, the safest place for the public to get a free nursing or a cheap nursing service is in the hospital where the pupil nurse is being carefully instructed and supervised by qualified and efficient nurses. That is the kind of study that our boards of examiners should make of the whole situation. Let us know what we are doing in municipal work, let us know what we are doing in state work, let us know what we are doing in philanthropic work; and let us be able to show our women who are doing public health nursing and that the untrained graduate or the partially trained graduate is not doing private nursing at a less salary than ten or fifteen dollars a week. Let us show that nurses going into public health nursing are giving in actual dollars and cents to the poor of the city a nursing service, a qualified nursing service. Those are things to consider: that in the hospital, while she is being trained, she is giving to the poor of the city a great many dollars in the time she puts in for the preparation for this work; and whenever you put this clearly before the public, I believe there will be many interesting revelations to be made.

Again, as you study what the states have done, you will be surprised to find that one state has accomplished one thing and another state another. New Jersey has put out the first illustrated booklet on nursing procedure. I personally am much grieved that New York was so stupid and slow that we did not get it out first. It is a most interesting little booklet. It will probably be revised and improved, but the fact remains, they have that booklet going through the entire state and it will eventually bring about a uniform standard of equipment in nursing procedures. That is one of the helpful things that is being done there. And the work that has been done by the Illinois Board of Nurse Examiners is most conspicuous in its completeness and in its helpfulness and suggestiveness.

I would commend to your attention especially the board of nurse examiners, the information that they are putting out. The evidence of qualifications which is being required in New York State through the Education Department, is one of the most important advances. If I learned nothing else as an inspector in New York State I learned something of the machinery of education and the great variety which was given by schools. In one place they had a high school building, and they moved into it the elementary schools. The graduates of that school in the high school building may say that they completed a course in the high school, which they did, but incidentally it would not, of course, be an academic course. All that has to be carefully studied and gone over with our boards of examiners in every state. We should be interested in getting definite notes from students on the educational qualifications so that we can send out a publication stating that we have so many college graduates throughout the United States in nursing, that we have so many high school women, and that we have so many women who have been teachers.

THE CHAIRMAN: This wonderfully inspiring talk by Miss Goodrich makes every one of us feel that in obtaining registration we are carrying on a tremendous responsibility, not only to ourselves, but to the pupils in our training schools and to the state and the citizens of the state. When we went up to our legislatures we pledged ourselves to promote the better education of nurses and the better care of the sick in our states, and we must do it. Now, it is up to us, everyone of us, after this talk by Miss Goodrich to go back into our states and, in the words of Dr. Favill, "Put our house to rights."

A discussion followed as to the value of appointing a committee to work out some of the suggestions that had been made. In regard to the personnel of the committee, Miss Goodrich said:

We are constantly going through a process of evolution; consequently we must get the people who are right in the work at the time. I would like to think that we had some committee appointed from the members of the board of examiners who would work out, for instance, a list of the subjects concerning which information should be required or was desired. Commercial registries and so forth could be included in that. I should think that they could determine some standard by which the board of nurse examiners should be appointed. That is one item I did not touch on and it is a very serious thing. Some of our laws provide that no woman shall be appointed on the board of nurse examiners who is holding a hospital position. I understand that is necessitated by some law governing educators examining their own pupils, etc. We have had to have that law changed in New York State because it is obvious that the people who examine nurses should be people who are conversant with education; they should be those who particularly have been the educators or teachers of nurses; and the mere fact that a nurse is popular in an organization or prominent in any field of nursing would not necessarily qualify her for the position of nurse examiner. These are the questions which ought to be taken up by this special committee, I think you will agree with me that they should study them out, get them ready and lay them before the whole group of boards of examiners, they to pass upon them and approve them and be ready to give reports of interest at our regular national meetings.

Miss Palmer moved that the directors of the American Nurses' Association shall appoint a committee drawn from members of Boards of examiners of different states to make such investigation as Miss Goodrich has outlined and report to us the work which they have accomplished during the year, with the idea, that they go on indefinitely with their work until they have thoroughly covered every state in the Union.

Miss Goodrich moved that, in order to avoid duplication of work, the motion be amended to the effect that this committee shall consult with the existing Committee on Legislation and Information. The amended motion was carried.

GENERAL LEGISLATION PERTAINING TO NURSES AND NURSING

By LOUISE PERRIN, R.N.

The most popular form of legislation pertaining to nurses has been that which has provided for the State Registration of Nurses, by giving the title of Registered Nurse. In securing these laws in the forty-two states, we have gained a great honor, recognition of nurses professionally.

State registration of graduate nurses is one of the cornerstones of our profession as it has elevated the standards of education of the trained nurse by improving the instruction given in the training schools.

In 1891, the first registration law for nurses was passed in Cape Colony, South Africa. Some years later, New Zealand passed a law. In 1903, the United States passed her first registration laws, North Carolina, New Jersey, New York and Virginia being the first states.

The state laws, pertaining to nurses are of various kinds: In 1799, Congress passed a bill on medical establishment, which was signed by President Adams, and in this a provision was made for the physician general to frame a system of directions for the government of nurses. In 1802, Congress provided one ration daily for each nurse employed in the hospital. At this time there was the Marine Hospital at New Orleans, and another hospital was being built in Massachusetts. In 1861, Congress provided for employing women, instead of soldiers, as nurses in the army hospitals, to pay them forty cents a day, and to allow them one ration of food daily. In 1892, Congress granted a pension to the nurses who were employed in the army during the war of the rebellion. In 1901, Congress in the Reorganization Bill of the Army, provided for the services of graduate nurses in the Army. The nurses have, by their presence, raised the moral tone of the military

hospitals, and by their services have lowered the death rate. In 1908, Congress provided a graduate nurses corps for the United States Navy.

Alabama requires its hospitals with training schools to be registered with the state health officer.

Arkansas passed a law in 1899, that no trained nurse shall be compelled to disclose any information about her patients, and then in 1901, a law was passed authorizing schools for trained nurses in cities of the first class in connection with the city hospitals, and the issuing of diplomas to the nurses graduating from such schools. In 1911, provision was made for the establishment and maintaining of a training school for nurses in the state tuberculosis sanitarium.

California has an eight-hour law, which applies to nurses in training.

Connecticut, in 1907, provided for the appointment of school nurses to work under the direction of the school physician in all school districts.

Indiana, Iowa, Michigan and North Carolina have laws which enable the counties to establish and maintain public hospitals, with training schools for nurses.

New York in 1894, Kansas in 1903, Indiana in 1905, and Minnesota in 1913, provided for the admission of their honorably discharged war nurses, when disabled or destitute, to the State Soldiers' Home.

Massachusetts, in 1902, extended to her army nurses the same provisions of the law as relate to soldiers' relief and burials, and it has provided state and military aid for nurses who served in the army hospitals during the Civil War. Michigan, New York, Pennsylvania, Rhode Island and Wisconsin have laws for the prevention of blindness in newly-born infants, and these apply to nurses, as well as to physicians.

Michigan has provided compensation for making and filing certificates of births. Nurses are to do this, if the physician fails to do it. In 1911, it provided aid for army nurses, residents of the state, when they have no estate; in 1913, it passed a law requiring all registered nurses when engaged in active service to furnish, semi-annually, a health certificate, showing that they are free from tuberculosis, or any specific or infectious disease.

Mississippi has a law which has required the county commissioners to provide nurses for the county poor houses.

Nebraska has a law which has provided a burial place for deceased nurses who have been honorably discharged from the Army. It has made provision for the railroad companies to issue passes to nurses, when caring for persons injured in wrecks.

New Jersey has authorized all corporations organized for main-

taining training schools for nurses to confer the degree of medical and surgical nurse upon its graduates.

New Hampshire has given towns the right to grant money to aid visiting and district nurses' associations.

North Carolina has required that a nurse trained in tuberculosis work have charge of the public tuberculosis sanatorium.

New York, in 1899, passed a law to incorporate the Trained Nurses United Aid Society of America, for the purpose of rendering temporal aid to such trained nurses, as belong to this association. It has amended the code of civil procedure in relation to professional or registered nurses acting as witnesses. "No nurse shall be allowed to disclose any information which she has acquired in attending a patient, in a professional capacity, and which was necessary to enable her to act in that capacity. New York also has a law which enables New York City to obtain the services of a training school for nurses in connection with Bellevue and other hospitals.

Ohio has made provision for the appointing of nurses to do tuberculosis work in any of the counties or districts, in either hospitals or homes.

South Carolina, in 1912, granted to graduate nurses of the state hospitals for the insane, the same rights and privileges as nurses graduating from other hospitals.

Vermont, in 1912, passed a law granting districts and municipalities the right to appropriate money to employ district nurses for the benefit of its poor people.

West Virginia has provided for the employment of nurses in its miners' and county hospitals.

Wisconsin, in 1913, gave power to any city council to employ obstetrical and visiting nurses and it has authorized its county supervisors to employ graduate nurses to assist county superintendents in caring for the poor; to report cases of tuberculosis, and to instruct tuberculous patients how to care for themselves, and to prevent the spreading of the disease; and also to look after the schools not under medical inspection, and to do the work of a visiting nurse throughout the county, as may be required by the county board.

Wyoming has a law which provides that each nurse graduating from the state hospitals shall have a school pin, the cost not be exceed fifteen dollars per pin.

Under the new immigration law passed by Congress, the practice of advertising and accepting Canadian graduate nurses for salaried positions in the United States hospitals, is forbidden, as this comes under the so-called "alien labor," but by a recent ruling of the Com-

missioner of Immigration, it is permissible for hospitals in the United States to advertise for, and to accept aliens from Canada as student nurses in the training schools.

MISS ELDREDGE: Illinois has a ten-hour law which affects nurses. It has been in force in certain schools only. It is enforced by the labor commissioners. They say they are altogether too busy to get after many of the hospitals.

THE CHAIRMAN: In California we had an interesting bill presented at the last legislature which was, however, not signed by the governor. It empowered the boards of supervisors of the counties to employ registered nurses for visiting nurses. It outlined duties that would coincide very well with Miss Goodrich's educational scheme. When that bill was introduced it merely stated "Trained graduate nurse." The committee received my recommendation that it should be a registered nurse. When I told them that we had in the State of California over five thousand registered nurses fully competent to take up that work after they have had some training in public health nursing, they immediately asked me "Do you want to get jobs for all those five thousand nurses?" You see their idea is, just that we want jobs, instead of raising the standard of rural nursing.

MISS ELDREDGE: There is at present in the Illinois legislature in both houses, a bill called a Public Health Bill, to put everything, the bureau and everything else under the State Board of Health, but we have held that so far in committee.

THE CHAIRMAN: Again we see another reason why we should have a central bureau to look after our legislative work. How easily and how quickly, how quietly and insidiously these bills are entered into the legislature, gotten to the floor of the house, and if we have not a competent representative at headquarters, staying there, not only going into committee, but engineering this legislative work very carefully, we are likely to have adverse action. Each state should do something on this matter, and it would seem as if this new committee might be a tremendous help in the work along legislative lines.

MISS COOK (New Zealand): I am from New Zealand, and I have been very much interested in the discussion of your papers and to know what your state legislatures are doing. I had no idea that you had such difficulty in getting this legislation and I did not appreciate what we have. We are very fortunate in that way.

THE CHAIRMAN: New Zealand was very fortunate in being one of the early countries to get legislation, and I am sure it was a great stimulus to us and to other countries.

A DELEGATE: I am sure I voice the sentiment of each member of a board of nurse examiners present, when I say that the only regret we have in connection with these two sessions is that every member of each board could not have been present. We feel that there should be some concrete method whereby more may be conveyed to each board than we perhaps, with so much in our heads will be able to carry back. Therefore, I offer the following: We recommend that reprints of the proceedings of the legislative sessions be forwarded to each board of nurse examiners, this resolution to be placed before the Board of Directors of the American Nurses Association for their action.

The motion was carried.

After some announcements the session was adjourned.

THURSDAY AFTERNOON, JUNE 24

GENERAL SESSION, 5.30 P.M.

GENEVIEVE COOKE, *Presiding*

The Relief Fund report was called for, but it was preceded by a talk by Miss Palmer in regard to a nurse prominent in organization work for whom some help was needed. After outlining the special needs of this patient, she continued:

I don't know of anything that has impressed me more on the question of joining our forces to develop this Fund of ours, so that in the discharge of our duty as nurses and as members of our profession, we may feel that should anything like this overtake us, there will be some provision made. It is important to have this thing going and have it in such a state that there shall always be a surplus to meet the demands whenever they come to us. Of course this Fund, the organization of it, and the control of it, has to be worked out. We did not expect when we began to accumulate the money to make the rules for its management in the beginning. Just think of it! we began to raise this money in 1911 and we have more than $15,000 in this short time. There is not another group of workers who have done such wonderful things in the way of contributing money, as we have done. Many of you have given all you can afford to, but this message of the necessity of developing this Fund should go back to every alumnae association and every state asscociation and every county association. There should be one big meeting every year, where this matter should be brought up, and all members reached and asked to give their little mite. If you cannot send large sums of money to the Fund, pass around the hat at each meeting and let the members put in a few cents, and when you have accumulated ten or fifteen or twenty dollars, send it to the treasurer.

You cannot save money for a long period of helpfulness on days' wages. No human beings save money for their old age, if they have any obligations at all, on what we call days' wages. The people who make money are the people who can speculate. The people who can buy and sell are the people who can invest their money in something that has an abnormal value to it, and we cannot any of us, with the demands made upon us and the obligations we have, hope to provide against a long period of helplessness. Now, take this up with your local people, your alumnae members and give a little if you can, no matter how small it is. Get a small fund accumulated and then turn it over; give some sort of entertainment, or some sort of party, whatever you do best in your community, and let it be understood it is for the Relief Fund. Let the public help if it wants to. It will not do those you serve any harm.

An opportunity for making pledges to the Relief Fund was given. After a number of pledges had been made, Miss Eldredge moved that further pledges be made at the next meeting, when a larger number of delegates would be present. The motion was carried. The motion was amended to the effect that pledges be made at every meeting held; this was carried.

Miss Sly, chairman of the Revision Committee, reported that of the printed amendments sent to the associations, the directors recommended that the fourth and sixth, those relating to the Relief Fund, be withdrawn. "Since sending out the amendments we have been advised that the Relief Fund is not a mutual benefit fund and that the articles of incorporation of the American Nurses Association can be extended to include this Fund. Those are the reasons for the withdrawal of Nos. 4 and 6 of the amendments. Apart from that, they remain as they are."

Miss Sly read the amendments as printed, they were voted upon separately and the following were adopted:

ARTICLE I

SECTION 3. Amend by substituting "Board of Directors" for "Executive Committee," and wherever words "Executive Committee" occur in the by-laws.

SECTION 6. Amend by substituting "annual convention" for "annual meeting," and wherever the words "annual meeting" occur in the by-laws.

ARTICLE VII

SECTION 1. Amend by striking out "(a) Executive."

Miss Eldredge moved that the recommendations of the directors in regard to the fourth and sixth amendments be followed. This was carried.

The first paragraph of the fifth amendment was adopted, as follows:

SECTION 2. Amend by striking out: "The Executive Committee shall consist of nine members, seven of whom shall be Directors and three of whom shall be the President, the Secretary, and the Treasurer of the American Nurses' Association. The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members *ex-officio*. It shall meet at the call of the President or of any three of its members, and shall have power to receive and act upon all applications from organizations for membership and to transact the general business of the Association between the meetings of the Board of Directors. It shall report its transactions to the Board of Directors and the same be subject to their approval, and report to the Association at each annual meeting.

The second paragraph of the fifth amendment was then discussed, which read:

The President of the National League of Nursing Education and the President of the National Organization for Public Health Nursing shall be members *ex-officio* of the Board of Directors without the right to vote.

MISS SLY: In my report the other day, and in the secretary's report, there was a recommendation that the Committee on Revision of the American Nurses'

Association work and coöperate with the Committee on Revision of the other two national organizations, in working out a plan by which any one organization may have some definite representation which will be legal, but not to specify that the presidents of these two national organizations *must* be elected as members of the Board; they *may* be, and the delegates may use their own discretion.

After some discussion, the recommendation of the directors in regard to this paragraph was adopted.

The secretary pro tem then read a recommendation from the Board of Directors as follows: "That the present articles of incorporation be amended to extend its purposes to include the Relief Fund, as recommended by the legal counsel."

Miss Palmer moved that the recommendation be adopted. The motion was carried.

MISS SLY: Your Committee on Revision recommends that the Board of Directors of 1915 and 1916 be instructed to appoint a Committee whose duty it shall be, after consulting with legal counsel, and the parliamentarian, to prepare a substitute for Article 1, Membership; also to prepare such other amendments as in the opinion of the Committee are necessary or desirable.

Miss Sweeney moved that the recommendation be adopted. The motion was carried.

MISS SLY: The next recommendation you have practically adopted: It is recommended also that the Committee on Revision for 1915 and 1916 be requested to confer with the Committees on Revision of the National League of Nursing Education and the National Organization for Public Health Nursing.

This recommendation was also adopted, on motion of Miss Eldredge.

The secretary pro tem then read the following resolution:

WHEREAS in the passing of Isabel McIsaac the American Nurses' Association has lost a member whose beautiful character, unusual executive ability and long experience ably fitted her to deal with its problems with tact, sympathy and unbiased judgment, and whereas in the passing of this member the American Nurses' Association and the nursing profession internationally has suffered an irreparable loss, therefore be it resolved that this Association place upon its records the foregoing resolution and extend to her family its profound sympathy.

On motion of Mrs. Peterson the motion was unanimously adopted.

Miss Sly then read the form of resolution which it would be necessary to present in order to extend the articles of incorporation to include the Relief Fund.

After discussion of the details of wording, Mrs. Stevenson moved that the president and secretary be empowered to sign the resolution without specifying the exact wording. The motion was carried.

The secretary pro tem then read invitations for the convention of 1916 from Cleveland, New Orleans and Philadelphia. She added that the Board of Directors recommended that the invitation from New Orleans be accepted.

Miss Sly moved that this recommendation be adopted. The motion was carried.

Miss Giberson announced that the pledges of the afternoon for the Relief Fund amounted to $560.

The meeting was then adjourned.

FRIDAY MORNING, JUNE 25

GENERAL SESSION

GENEVIEVE COOKE, *Presiding*

The president suggested that visitors, other than delegates, be invited to this session which was done. She then introduced Miss Kent of England.

MISS KENT: I feel like the Queen of Sheba! You know when she went to pay a visit to King Solomon she said to him that she had heard in her own country something of his power and his magnificence, "but behold the half was not told me." In like manner I had heard in my own country something of the American people and of the American nurses, and we knew we might expect a kind welcome from them; but behold the half was not told us. From the day we landed in New York until now we have received such abundant kindness and hospitality that we find it difficult to express our thanks adequately. When we left our poor bleeding country, I assure you that our hearts were very sore. You have done much to cheer us. But it is not alone for these things that we desire to thank you. It has been a privilege, a pleasure, and an edification to us to have attended your Convention, and we thank you for all that we have heard and learned from you. We have greatly admired your splendid work of organization, your solidarity, your *esprit de corps* and, I may add, your articulation, and your admirable AMERICAN JOURNAL OF NURSING. It is these things combined that make for progress. I am reminded of Browning's well-known lines "One who never turned his back, but marched breast forward." It is this dauntless forwardness of yours that has so much impressed us. You have two great advantages that we do not enjoy. You have political enfranchisement and you have professional enfranchisement. You are free women; we are fettered. But we do not envy you. It is no part of internationalism, which is, I take it, brotherly love, to envy those of the spiritual alliance. We rejoice with you. We have not yet seen the fruition of our hopes, but we have not lost courage. We, too, are marching "breast forward," and we do not mean to turn our backs until the goal is won. What you have won and achieved is an encouragement to us. On behalf of the National Council of Trained Nurses of Great Britain and Ireland, which we have the honor to represent, as well as personally, we thank you, and we shall return to England with

minds enriched and hearts warmed; and, as no place is very distant, and no time seems very long to busy people, we shall look forward with very great pleasure to meeting you in Copenhagen.

THE PRESIDENT: I am sure that as president of the American Nurses' Association I voice the sentiment of the membership of this organization in saying that this association feels that the indebtedness is all on our part. We appreciate the fact that through all the tumoil that is existing at this time, the British women have had the courage to venture forth on the great sea to come over to us, to take part in this program and be with us at this convention, the trip which they had looked forward to for so long, when we were all to meet in peace and discuss the opportunities for educational advancement; I feel very deeply that the sincere appreciation is on the part of our American nurses to the British women to the indomitable will and courage which is expressed in their appearance here. May we hear from Miss Goodrich, our International president.

MISS GOODRICH: It has been a great honor and privilege to have any women from the other side with us. We find, as the days go on, that we have had not only these two representatives from Great Britain but we have also had representatives from Holland, Canada, New Zealand, India and Australia. I am sure each one of these representatives will convey to her country the honor and privilege we feel in having them with us. We only wish that we could have heard more of the splendid work that is being done in these different countries. New Zealand especially has struck always the highest aim in efficiency and in legislative control of nursing education, and freedom from all the control of ancient ideas. They have the most advanced system in their hospitals and in their registration which has been discussed so much during these sessions, and their law of infant death rate; but these are things that we have not touched upon. It is indeed a very great pleasure, over and above all, to feel that we are so internationally united that we are one even in the terrible sorrow that has come in this day; and we have felt very much as you would feel about a family to whom great sorrow had come. While you know that they could be of great assistance to you, you hesitate even to ask them to send any contribution when they are in such deep grief. We know that when we meet three years from now we shall all stand together, regardless of nations, regardless of changes or alterations in the battlefields of Europe. They will not concern us. There will not be any change in our splendid spirit, I am sure. We are and will be a unit concerning these problems which so closely unite us and in which we are also deeply interested. After the war in our own country help will be needed, because this terrible war will result in poverty and distress in many ways. The day has come, I am sure it may sound foolish to say, but I am sure this century sees the signing of the death warrant of war; and the day has come, or will soon come, when we shall be so internationally united in our support that we can really talk about the brotherhood of man. It aways seemed to me that the nurse could really talk intelligently and consistently about the brotherhood of man. So we send back the message to these countries, our best wishes, and we will meet, a large number of us, in Denmark, in 1918.

The president asked all the international representatives to come to the platform and then called for reports from the round table conferences. Only the private duty nurses had a report.

MISS OTT: The private duty nurses have been very enthusiastic and faithful to this session. In the Round Table talks we have formulated some few tangible, adherent points. One is to encourage harmony among the directors of central registries, and to encourage and maintain as much as we possibly can such registries in the locations in which we are working. Another is to try to maintain a strong adherence to the national organization, and to try, as much as possible, to obtain official representation among the officers of the national association; to maintain and to encourage attendance at the organized meetings, and to organize private duty sections as much as possible; last but not least to encourage, help, and assist in the making of the program for the New Orleans Convention.

Miss Dozier reported that Lane Hospital and Cooper Medical College had become affiliated with Stanford University.

The president then called for the report of the Committee on Resolutions.

MISS TAYLOR: The Resolutions Committee beg to submit the following:

WHEREAS, Harvard University has affiliated with the Massachusetts Institute of Technology for a course in Public Health Work, on the satisfactory completion of which a certificate is granted; and

WHEREAS, the Institute of Technology has opened all its courses to women, the affiliation with Harvard University, which is not a co-educational institution, debars women from participating in this most desirable course;

Be it therefore resolved, that the American Nurses Association, in Congress assembled in San Francisco, appeal to Harvard University to set aside its ruling in this department and admit women to the Public Health Course, who are adequately qualified to meet the standard for admission required by this University.

On motion of Miss Hilliard, this resolution was adopted.

MISS TAYLOR: WHEREAS, the enfranchisement of women—the recognition of the political rights of one-half the people of the United States to have a voice in the decision of questions of vital interest to them, such as peace and war, child labor, marriage and divorce, community property, etc., is the foremost political issue of the day;

Therefore, be it resolved, that the American Nurses' Association in convention assembled in San Francisco, June 25, endorse the Susan B. Anthony Amendment, known in the 63rd Congress as the Bristow-Mondell Amendment, and urge its passage by the 64th Congress.

Miss Sweeney moved the adoption of the resolution. The motion was carried.

MISS JAMME: This Association went on record at its last meeting in San Francisco as not favoring woman suffrage. Miss Dock was so bitterly disappointed at the result that she has hardly recovered from it to this day. I believe it would be a very courteous and humane act to telegraph to Miss Dock stating that this Association has gone on record as favoring this amendment to the Constitution.

Miss Hilliard moved that such a telegram be sent. The motion was carried.

MISS TAYLOR: The next resolution is as follows:

WHEREAS, the American Nurses' Association believes that alcohol lessens vital resistance, fosters poverty and all the diseases which come from poverty, hindering the progress of the community; and

WHEREAS, the American Nurses' Association is firmly convinced that it is the greatest cause of human ills;

Therefore be it resolved, that the effort of the New York City Health Department to establish a betterment of public health by conducting a systematic, vigorous and definite compaign against this acknowledged evil, be given a full and whole-hearted endorsement by the American Nurses' Association assembled in San Francisco.

Miss Squire moved that the resolution be adopted. The motion was carried.

MISS TAYLOR: WHEREAS, the members of the American Nurses' Association feel a great sense of appreciation towards every one in California who has so cordially contributed to the success of this convention;

Be it resolved, therefore, that its grateful thanks be expressed and placed upon record;

Be it further resolved, that at this time we especially mention, with gratitude, the Rev. Charles F. Aked, pastor of the First Congregational Church and the official board for their generosity and expression of good will in placing the church at our disposal for the meetings of the Association; furthermore, to Mrs. Frederick G. Sanborn, president of the Women's Board, Panama-Pacific International Exposition, for her words of welcome and greeting to the City of San Francisco, and to Mr. Alvin E. Pope for his invitation to visit the Hygiene Exhibits in the Palaces of Education and Liberal Arts; to the County Nurses' Association of San Diego, for their hospitality and entertainment at the San Diego Exposition; to the County Nurses' Association of Los Angeles for providing the unusual opportunity to attend the Mission Play at San Gabriel; and to the First District Illinois State Association Graduate Nurses, Chicago, for their hospitality.

Furthermore, the American Nurses' Association desires to express its thanks to the Board of Regents of the California University for the use of the Greek Theatre for its special session; to the Board of Directors of the Panama-Pacific International Exposition for the use of Festival Hall; and to Dean Gresham and the Guild of St. Barnabas for the use of Grace Cathedral crypt and the invitation to service; to the city editors of *The Examiner*, *The Chronicle*, *The Bulletin* and *The Call* of San Francisco, we would especially express our thanks for the liberal space and favorable reports of our proceedings during the convention.

To the Program Committee and Committee on Arrangements, through whose efforts the machinery of the convention has gone on so smoothly and successfully and to the California State Nurses' Association for their unlimited hospitality; for all these, the American Nurses' Association, in convention assembled, expresses its grateful thanks.

For the cordial invitation received from the Nurses' Associations in Phila-

delphia and Cleveland, to assemble in their cities in 1916, the American Nurses' Association desires to express its appreciation.

Respectfully submitted,
ANNA C. MAXWELL,
SARAH J. GRAHAM,
EFFIE J. TAYLOR.

On motion of Miss Robinson, the resolutions were adopted.

Miss Goodrich also moved that the Board of Directors be empowered to send a request to the Department of Labor at Washington, asking that nurses be excluded from the provisions governing contract labor. This motion was carried.

The president then called for a report of the Transportation Committee which had been omitted.

REPORT OF THE TRANSPORTATON COMMITTEE

M. LOUISE TWISS, *Chairman*

Early in the year, your Committee, on the suggestion of Lavinia L. Dock, to whom had been entrusted the duty of arranging the proposed trip of the members of the International Council for their triennial meeting at San Francisco, interviewed the old and reliable Frank Tourist Company, of New York, and found that satisfactory arrangements could be made for the transportation of the eastern nurses. An itinerary was suggested and printed in the AMERICAN JOURNAL OF NURSING inviting the nurses who expected to attend this convention to signify their intentions to the Frank Tourist Company. A schedule of prices was made so that nurses could, if they wished, participate in certain side trips, in addition to the various points of interest to be visited on the regular route. Your Committee feels that the itinerary they have prepared has given the largest opportunity possible to visit the greatest number of interesting places within a given time. Your Committee trusts that its work meets with the approval of those who participated in this itinerary and that many friendships have been made en route which will remain a pleasant memory for many years.

The report was accepted.

THE PRESIDENT: I have been requested to make an appointment of a member from the American Nurses' Association on the Advisory Board of the National Committee for the Prevention of Blindness. I will appoint Miss Van Blarcom, of New York and Miss De Peltquestangue, of Massilon, Ohio.

Then there are two members that the Chair must appoint on the Nominating Committee for 1915–16. On that committee I desire to have the private duty group well represented; and as chairman of that committee I shall appoint

Arabella R. Creech of New Jersey, with Margaret Wilson of San Francisco. Now, there are three nominations to be made from the floor.

The remaining members of the committee: Eliza Johnson of Kentucky, nominated by Miss Sly; Sarah J. Graham of New York, nominated by Mrs. Twiss; and Charlotte Forrester of Missouri, nominated by Miss Marksman, were unanimously elected.

MISS GOODRICH: We are very anxious to increase one fund, and to establish another fund. We desire very greatly to increase the Robb Memorial Scholarship Fund which was originally, as stated in the report the other day, an endeavor to raise a fund of $50,000 the income to be used for scholarships. It has also seemed eminently fitting that a Memorial should be raised to Miss McIsaac and it should take the shape, possibly, of a loan fund. The idea came from the Isabel Hampton Robb Memorial Committee that this other memorial fund should be also started, both of these funds being used to advance the educational training of our graduates. We need, of course, to make a very wide campaign. I don't need to take your time to go into the very great needs for this money. We are constantly having applications from women who desire to fit themselves for advanced work in nursing, but many cannot do so because they have not been able to lay aside the money which such courses require; but if the demands from nurses desiring funds to fit themselves are numerous, they are not nearly as numerous as the demands from institutions and the public health people, in every branch for women who have this further preparation, and so we must earnestly beg you to interest yourselves in whatever method the Memorial Fund Committee decides to use to obtain these funds. I say that, because the members of the Committee present in San Francisco were not sufficient to really take any action and there will have to be a meeting of this Committee later on. It is quite probable that they will send out slips to all the different alumnae associations and ask if the different members or the different organizations will indicate what amount of money they will give or raise, and to which fund they would like the money so raised to go. We earnestly ask your deep interest in these funds. I wish you could realize how tremendously helpful the women have been who have been able to avail themselves of these scholarships and the way in which they are building up not only the reputation of our profession but the advanced work, and the wide opportunity that is open to our profession through women who have had the advantages of additional courses. They need not necessarily be courses taken in Teachers College; there is a course in Chicago for Public Health Nursing, in Boston, and in the Phipps Department; but only those courses are recommended by the Scholarship Committee which the members believe will be of distinct advantage to the women who are taking them. I am asked by your president if we would like to have pledges now. We should be very glad indeed to do so; and if any of you have come on prepared to pledge any sums of money for your associations, I beg you to believe that they will be exceedingly welcome.

Miss Ahrens moved that an Isabel McIsaac Memorial Fund for educational purposes be established, and that the Committee of the Robb Memorial Fund present a report at the next convention as to the manner in which this fund should be used, to be voted on by our organizations, at that time. The motion was carried.

Pledges were then given for both the Robb Memorial and the McIsaac Funds. (The amounts will be published later in the news items of the JOURNAL.)

Pledges were then given for the Relief Fund.

MISS GIBNEY: May I ask when and from what source the Relief Fund money comes for a nurse who is in need of aid? To whom should she apply and in what way? Does it mean $10 a week for five weeks or any specified given amount?

THE PRESIDENT: As it now stands that is left to the president and the chairman of the Relief Fund, and it depends of course, on the condition of the nurse and the circumstances generally.

MISS RIDDLE: When the Relief Fund was started, the Robb Fund sidetracked itself in order that the Relief Fund might have the right of way. Please don't forget that the Robb Fund is now ready to do business again.

THE PRESIDENT: The Memorial which was presented to the American Nurses' Association at Festival Hall the other evening is on exhibition. The inscription is "In commemoration—The Panama Pacific International Exposition, San Francisco," and "Presented to the American Nurses Association June 22, 1915." It is a beautiful bronze placque and will be placed in the strong box of the secretary until we have our National Headquarters where it will no doubt be properly framed in commemoration of the splendid spirit that you have brought to us in California and a substantial start on a new line in our work which I feel certain will be the result of this meeting.

Miss Montgomery then gave the report of the tellers, as follows: The number voting were 361. Ballots cast correctly 359.

President: Anne W. Goodrich, New York.

First vice president, Adda Eldredge, Chicago.

Second vice president: Agnes G. Deans, Detroit, Mich.

Secretary: Katharine DeWitt, Rochester, N. Y.

Treasurer: Mrs. C. V. Twiss, New York.

Director for three years: Jane A. Delano, Washington, D. C.; Mary M. Riddle, Newton Lower Falls, Mass.

Director for two years: Ella P. Crandall, New York; Mathild Krueger, Neenah, Wis.

Director for one year: Mary C. Wheeler, Chicago; Dr. Helen B. Criswell, Los Gatos, Calif.

The report of the tellers was accepted.

The new officers were then introduced and after a vote of thanks to the retiring president, the convention was adjourned.